

FIFTH GRADE STUDENTS AS EMOTIONAL HELPERS WITH KINDERGARTEN
CHILDREN, USING PLAY THERAPY PROCEDURES AND SKILLS

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This research study investigated the effectiveness of a filial therapy training model as a method to train fifth grade students in child-centered play therapy skills and procedures. Filial therapy is an intervention that focuses on strengthening and enhancing adult-child relationships. The fifth grade students were trained to be a therapeutic change agent for kindergarten children identified as having adjustment difficulties, by utilizing basic child-centered play therapy skills in weekly play sessions with the kindergarten children. Specifically, this research determined the effectiveness of filial therapy in increasing the fifth grade students': 1) empathic responses with kindergarten children; 2) communication of acceptance with kindergarten children; 3) allowance of self-direction with kindergarten children, and 4) involvement in play activities of kindergarten children.

The experimental group of fifth grade students (N=12) received thirty-five minutes of training twice a week for 5 weeks and then once a week for the duration of the 10 weeks of play sessions. The control group (N=11) received no training during the 15 weeks of the project. Fifth grade student participants were videotaped playing with a kindergarten child identified as having adjustment difficulties in 20-minute play sessions before and after the training to measure empathic behavior in adult-child interactions.

Analysis of Covariance on adjusted post test means revealed that fifth grade children in the experimental group demonstrated statistically significant increases in empathic responses, acceptance, and behavioral willingness to follow the kindergarten children's lead, and

involvement. A measure of communication of acceptance of kindergarten children's feelings and behaviors although not statistically significant indicated a positive trend.

This study supports the use of filial therapy as an effective training model for increasing fifth grade students' empathic behavior with kindergarten children experiencing adjustment difficulties. Filial therapy offers significant possibilities for training fifth grade students in a developmentally appropriate model for working with kindergarten children, in order to prevent future problems. The observed power of the therapeutic relationship between the fifth grade students in the experimental group and the kindergarten children suggest the continued implementation of this innovative project.

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CHAPTER 1

INTRODUCTION

“Growing numbers of children are suffering needlessly because their emotional, behavioral, and developmental needs are not being met by those very institutions which were explicitly created to take care of them” (Satcher, 2001, p. 3). Many children have mental health problems that interfere with normal development and functioning. In the United States, one in ten children and adolescents suffer from mental illness severe enough to cause some level of impairment, however, 1 in 5 receive the mental health services they need (Satcher, 2001). According to the U.S. Surgeon General, David Satcher (2001), “Unmet need for services remains as high now as it was 20 years ago” (p. 15). He continued to state that children and families are suffering because of missed opportunities for prevention and early identification, fragmented treatment services, and low priorities for resources (Satcher, 2001). The increased needs of children suffering from mental health problems is accompanied by an increased need for mental health professionals. Responsibilities for children’s mental health care are dispersed across multiple systems, including the juvenile justice system, child welfare, and schools (Satcher, 2001).

The Surgeon General stated, “Mental health is a critical component of children’s learning and general health. Fostering social and emotional health in children as a part of healthy child development must therefore be a national priority” (Satcher, 2001, p. 5). In order to meet this goal, early intervention is crucial.

With an increase in the number of children requiring intensive mental health services, early intervention by school counselors with children having less severe adjustment difficulties may become more difficult. “Teachers have large classes, and counselors have high student ratios” (Myrick & Bowman, 1981, p. 8). Therefore, it is necessary to develop methods by which a majority of children can receive necessary services utilizing only a limited amount of professionals’ time. Research has documented programs and methods which have addressed the need to help more people in a shorter amount of time (Albee, 1959; Guerney, 1964; Guerney & Flumen, 1970; Kranz, 1972; Troester & Darby, 1976; Felner & Abner, 1983; Hankerson, 1983; Kazden, 1993).

Play therapy has been utilized in a variety of settings since the 1950's, due to the increased need for a developmentally appropriate mental health intervention in the lives of children. Play is considered to be the language of children, while toys are their words (Ginott, 1961; Landreth, 1991). “For children to play out their experiences and feelings is the most natural dynamic and self-healing process in which children can engage” (Landreth, 1991, p. 10). A variety of children’s problems have been effectively addressed utilizing play therapy (Landreth, Homeyer, Glover, and Sweeney, 1996). Research in play therapy has shown positive outcomes in the areas of self-concept, locus of control, behavioral change, anxiety/fear, and cognitive ability (Ray, Bratton, Rhine, & Jones, 2001).

Play therapy has been utilized in elementary schools to address a variety of developmental needs of children from a broad range of backgrounds. In addition, school counselors utilize play therapy as a preventive measure for children because play sessions

help children develop self understanding, self acceptance, personal power, self control, and self discipline which assist children in accomplishing academic, social, and personal goals (Landreth, 1987).

In an effort to address the increasing need for mental health service providers, professionals have implemented programs that allow non-professionals to learn the basic necessary counseling skills to help others. Filial therapy, a program developed by B. Guerney (1964) is a program in which parents are trained in basic child-centered play therapy skills to become therapeutic agents in their children's lives by conducting structured play sessions once a week with their children in their homes. Results of studies utilizing the filial therapy training model have shown this approach contributes to the development of empathic parent-child interactions, and improved children's behavior (Stover & Guerney, 1967; Oxman, 1971; Sywulak, 1977; Bratton & Landreth, 1995; Costas & Landreth, 1999). The filial therapy training model has been used to train teachers, grandparents, and peer helpers (Bratton, Ray, & Moffit, 1998; Baggerly, 1999; Brown, 2000; Rhine, 2000; Jones, 2001).

Due to high student to counselor ratios, Myrick (1976) suggested that peer facilitators, "may be the only viable approach for providing guidance services to all children" (p. 2). Too, often, students perceive teachers and counselors as people who are, "unavailable, uninterested, or too busy" (Myrick & Bowman, 1981, p. 8). Some students, "feel too great a distance between themselves and adults who could help" (Myrick & Bowman, 1981). As a result of these feelings, "many students turn to their peers when they are in need of help" (Myrick & Bowman, 1981, p. 8). Peer facilitation models have

become accepted as a valuable human resource for school counseling services (Downe, Altmann, & Nysetvold, 1986). Several researchers have noted the positive impact peer helpers have on the students they work with (Kern & Kerby, 1971; Gumaer, 1976; Myrick et al., 1995). Additionally, many studies have demonstrated that students who become peer helpers benefit themselves in the areas of attitude, academic achievement, behavior, and leadership ability (McCann, 1975; Keat, 1976; Myrick, 1976; Wendel, 1976).

Many peer helper training programs have paired older children trained in relationship enhancing skills with younger children who had been identified as struggling with academic, behavioral, and social issues (Mosley, 1972; Gumaer, 1976; Mastroianni & Dinkmeyer, 1980; Bowman & Myrick, 1987; Tobias & Myrick, 1999; Jones, 2001). “Young children look up to older students and adults” with a look of wonder, admiration, envy, and respect (Myrick & Bowman, 1981, p. 28). Frequently younger children try to imitate or copy the behaviors of successful older persons whom they aspire to be like (Myrick & Bowman, 1981).

According to Myrick and Bowman (1981, p. 19) “The idea of children helping children has some strong historical roots in education,” and research has shown that this idea is an important concept (Mosley, 1972; Gumaer, 1976; Mastroianni & Dinkmeyer, 1980; Bowman & Myrick, 1987; Tobias & Myrick, 1999; Jones, 2001). With the rise in children needing mental health intervention (Satcher, 2001) and the increase in counselor student ratios, the idea of peer helpers is not one that needs to be reinvented. However, Myrick and Bowman, (1981) have advocated renovating and rethinking the methods of

training students as helpers. They suggested the systematic training and preparation of student helpers needs to be carefully implemented.

Many diverse populations have been trained in the filial therapy model with significant positive results (Harris & Landreth, 1995; Landreth & Lobaugh, 1998; Bratton & Landreth, 1995; Tew, 1997; Kale & Landreth, 1999; Chau & Landreth, 1996; Glover, 1996; Jang, 2000). In addition, peer helper programs have been successful since their introduction. However, there have been limited studies combining the two methods and measuring the effect on children (Baggerly, 1999; Jones, 2001). In order to meet the needs of a vast number of students, it is necessary to train paraprofessionals in helping skills. Successful combination of the training methods of filial therapy and peer helper training would allow school counselors time to deal with the more profoundly maladjusted children, while not letting the less troubled students fall through the cracks. A study is needed to evaluate the effectiveness of using the filial therapy model to train upper elementary grade students to be emotional helpers with kindergarten children.

Statement of Problem

The purpose of this study was to determine the effectiveness of the Landreth (1991) 10-week filial therapy model as a method to train fifth grade students in child centered play therapy skills and procedures. Specifically, this study was designed to determine the effectiveness of filial therapy in increasing fifth grade students' (a) empathic responses with kindergarten children experiencing adjustment difficulties; (b) communication of acceptance with kindergarten children experiencing adjustment difficulties; (c) allowance of self-direction with kindergarten children experiencing

adjustment difficulties, and (d) involvement in play activities of kindergarten children experiencing adjustment difficulties.

Review of the Literature

The following review is a synthesis of theoretical constructs and research related to four major areas: (a) play therapy; (b) play therapy in the elementary schools; (c) filial therapy; (d) student mentor and peer helper programs.

History of Play Therapy

Historically, the utilization of play as a psychological and therapeutic approach to childrens' emotional causes was first documented in, Sigmund Freud's account of "Little Hans" in 1909 (Landreth, 1991). After working with "Little Hans" in one session, Freud encouraged the child's father to collect data about his play sessions with Hans. Freud utilized the data to make his diagnosis, and offered therapeutic advice to Hans' father. Freud, acting through Hans' father sought to bring Hans to intellectual adulthood (Lebo, 1955).

Following Freud's work with Hans, Hermine Hug-Hellmuth (1921) was one of the first therapists to emphasize play as essential in child analysis and to provide children in therapy with play materials to express themselves. She believed that adult methods of therapy were unproductive with children.

Melanie Klein (1955) used interpretation of children's play as an alternative to free association. She believed that the unconscious of the child is reflected in play, just

as free association is a reflection of the adult's unconscious. Klein encouraged children to express fantasies, anxieties, and defenses through their play.

Anna Freud (1965), incorporated play with children also. However, unlike Klein (1955), Freud used play as a technique for establishing a positive emotional attachment to the analyst, and sought to uncover the unconscious motivation behind the play activities. Interpretation was used sparingly, and only after a strong relationship had been established (Lebo, 1955) .

A second major contribution to the field of play therapy was David Levy's (1938) development of release play therapy which was designed to help children work through anxiety provoking experiences by utilizing the abreactive effect of play. The reenactment of the traumatic event allowed the child to release anxiety and pain associated with the event.

Relationship play therapy developed by Jesse Taft (1933) and Frederick Allen marked the third major development in the field of play therapy. Their theory is based on the work of Otto Rank (1936) which emphasized the importance of developing a therapist-client relationship which focused on the here and now, rather than on the unconscious, or past history. Allen and Taft stressed the importance of regarding children as persons of inner strength with the capacity to alter their behavior constructively.

Virginia Axline's (1947) adaptations of Carl Rogers' (1951) non-directive therapy approach to her work with children marked the fourth major development in play therapy . Axline (1950) stated, "A play experience is therapeutic because it provides a secure

relationship between the child and the adult, so that the child has the freedom and room to state himself in his own terms, exactly as he is at that moment in his own way and in his own time” (p. 68).

Establishment of guidance and counseling programs in elementary schools during the 1960's was the fifth major development in the field of play therapy (Landreth, 1991). Educators such as Alexander (1964), Landreth (1972), Muro (1968), Myrick and Holdin (1971), Nelson (1966), and Waterland (1970) reported the importance of meeting the developmental needs of all elementary school children, not just those who had been identified as experiencing maladjustment. According to Landreth (1987), learning experiences are enhanced for children when their difficulties are addressed through the utilization of play therapy in the school environment.

The Effectiveness of Play Therapy

A variety of children's problems have been effectively addressed utilizing play therapy. Landreth, Homeyer, Glover, and Sweeney (1996) published a comprehensive review of research studies and case studies demonstrating the effectiveness of play therapy with children who had experienced abuse and neglect, aggression, chronic illness, emotional disturbance, grief, low self-concept, selective mutism, and traumatization. Phillips and Landreth (1998), in a comprehensive national survey (n=1166), found that play therapists around the country identified play therapy as an effective intervention with children impacted by physical/sexual abuse, depression/withdrawal, acting-out/impulse control, school adjustment/academic difficulties, phobias, and enuresis/encopresis.

The effectiveness of play therapy was demonstrated in a recent meta-analysis of 42 outcome research studies (LeBlanc & Ritchie, 1999). This comprehensive statistical study showed an average treatment effect of 0.66 standard deviations, which is similar to overall effect sizes of traditional therapies. The results of this study indicate that play therapy is as effective as non-play therapies in treating children experiencing emotional difficulties.

A comprehensive search of play therapy research was done by Ray, Bratton, Rhine, & Jones (2001). The results indicated 82 experimentally based research articles, showing positive outcomes in the areas of self-concept, locus of control, behavioral change, anxiety/fear, and cognitive ability.

Play Therapy In Elementary Schools

The ultimate objective of elementary schools is to assist the intellectual, emotional, physical, and social development of children by providing adequate learning opportunities. In the 1960's, guidance and counseling programs were introduced in elementary schools. According to Landreth (1991), a major objective of utilizing play therapy with children in an elementary school setting is to help children get ready to profit from the learning experiences offered. Play therapy is an adjunct to the learning environment, an experience that helps children maximize opportunities to learn.

The effectiveness of play therapy with elementary school children has been supported by research. Axline (1947) reported on the use of play therapy with a group of second grade students who were classified as “poor readers”. Results indicated that play

therapy helped create better personal adjustment and readiness to read. Bills (1950) also researched the impact of play therapy with children who suffered from reading deficiencies. Gains in reading abilities of the experimental group of children appeared immediately after therapy for some children, and after a short period following therapy for others. The gains were found to be present six weeks after therapy had ended.

A case study by Myrick and Holdin (1971) reported on the effectiveness of play therapy with a first grade student whose behavior in the classroom had been very disruptive. After participating in 15 consecutive school days of 30 minute play therapy sessions, the child's behavior problems decreased by 50%. The teacher reported she perceived the child as more cooperative, attentive, and less aggressive. Additionally, the child's self concept improved. Nine weeks following the study, the teacher and other school personnel associated with the boy continued to notice more appropriate behavior.

Gould (1980) randomly selected eighty elementary school children identified as demonstrating a low self-concept. The children were assigned to one of three groups, an experimental group which received 12 sessions of non-directive group play therapy, a control group which received no intervention, or a placebo group which participated in group discussions. Those students who received non-directive group play therapy scored higher on a self concept measure than did the placebo group and the control group.

Crow (1989) utilized a matched control sample and found that 12 first grade students, who had been retained because of low achievement in reading, significantly improved their self-concepts after completing ten 30-minute individual child-centered play therapy sessions or compared to the control group.

Quayle (1991) studied the impact of play therapy on fifty-four children, ages 5 to 9 who had been identified as experiencing school adjustment problems such as acting out, moodiness, or learning difficulties. The children were divided into three groups. One group received 20 sessions of individual play therapy, another group received 20 sessions of tutoring, and the third group served as the control group with no intervention. Children in both treatment groups improved. Those who received play therapy showed more positive growth in the areas of learning skills, assertive social skills, and peer social skills.

McGuire (2000) and Rennie (2000) also focused on the impact of play therapy with kindergarten students experiencing adjustment difficulties at school. McGuire studied the efficacy of 12 sessions of group play therapy with children. Results indicated significant improvement in the experimental group of children's behavior as reported by teachers. In a comparison study, Rennie (2000) provided 10-12 individual play therapy sessions with kindergarten children experiencing school adjustment difficulties. Results indicated that children in the experimental group showed a statistically significant reduction in behavior problems as reported by parents. Teachers also reported behavioral improvement, although the results were not statistically significant. The effectiveness of 10-12 individual play therapy sessions was compared to the results of McGuire's (2000) study. Rennie (2000) concluded that individual and group play therapy were equally effective with kindergarten students experiencing school adjustment difficulties.

Filial Therapy

One of the most significant trends in the field of play therapy is the training of parents in play therapy skills. In filial therapy parents are taught child-centered play therapy skills to equip them to become therapeutic agents in the lives of their children. The idea of utilizing parents as therapeutic partners for their children was not a new idea at the time. Freud (1959), instructed the father of a five-year-old boy to interpret the remarks of his son during father and son play sessions. Moustakas (1959) had suggested that “play therapy” sessions could be conducted by parents in the home and could result in a very positive experience for the children and mothers alike.

With the encouragement and advice of her father, Carl Rogers, Natalie Fuchs conducted play sessions with her daughter which resulted in significant improvement of the daughter overcoming a fear of toilet training (Fuchs, 1957). Dorothy Baruch suggested good parent-child relationships were fostered as a result of the parent and child having play sessions together at home (Guerney, 1964).

The formal concept of training parents in client-centered skills, filial therapy, was introduced in the 1960's by Bernard Guerney (1964). Filial therapy involves teaching parents of young children in groups of six or eight to conduct play sessions with their children at home. Parents meet weekly with the therapist to discuss results, conclusions, and inferences about their children and themselves. The sessions between the parent and child occur in the home for thirty minutes once a week. Guerney's (1964) model of filial therapy was a long-term approach which could continue for up to ten months. Landreth (1991) revised the original training program into a 10-week training model. Parents meet weekly and are taught the skills necessary to conduct play sessions with their children at

home. Parents are also given supervision of their sessions with their children.

Filial therapy combines didactic instruction, role playing, supervision, and a support group format for an optimal learning experience. During training, parents learn the basic skills of structuring the play sessions, tracking behavior, reflecting feelings and content, facilitating decision making and creativity, building self esteem and therapeutic limit setting (VanFleet, 1994). Parents then incorporate these skills into their 30 minute once-a-week play time with their children.

Objectives of filial therapy were described by B. Guerney (1964) as follows:

The manner in which the child's play sessions are to be conducted is intended first to break the child's perception or misperception of the parent's feelings, attitudes, or behavior toward him. Second, they are intended to allow the child to communicate thoughts, needs, and feelings to his parents which he has previously kept from them, and often from his own awareness. This communication is mainly through the medium of play. The children's sessions with their parents are thus meant to lift repressions and resolve anxiety-producing internalized conflicts. Third, they are intended to bring the child-via incorporation of newly perceived attitudes on the part of his parents- a greater feeling of self-respect, self-worth, and confidence (p. 305).

According to Van Fleet (1994), "Filial therapy is based on the assumption that parents are the most significant adults in children's lives and are likely to have a greater impact on their children than any therapist could" (p. 2-3). She proposed that the positive results of parents interacting with their children are likely to have a longer lasting and

more profound impact due to the fact that the parents have learned more effective methods of interacting with their children (VanFleet, 1994). Gil (1994), regarded filial therapy as, "one of the most optimistic play therapy techniques" (p. 39). Parents are taught to be therapeutic agents to their children in their own home environment. As a result, parents are empowered, and participate in their children's play in such a way that their "understanding of their child's experience is enhanced, and the possibility for deeper emotional contact with their children becomes available" (Gil, 1994, p. 39). The following 10 therapeutic goals of filial therapy for parents were outlined by VanFleet (1994).

1. To increase parents' understanding of child development in general.
2. To increase parents' understanding of their own children in particular.
3. To help parents recognize the importance of play and emotion in their children's lives as well as in their own.
4. To decrease parents' feelings of frustration with their children.
5. To aid parents in the development of a variety of skills which are likely to yield better child-rearing outcomes.
6. To increase parents' confidence in their ability to parent.
7. To help parents open the doors of communication with their children and then keep them open.
8. To enable parents to work together better as a team.
9. To increase parents' feelings of warmth and trust toward their children.
10. To provide a non threatening atmosphere in which parents may deal with

their own issues as they relate to their children and parenting (p. 4).

According to Guerney (1964), filial therapy offers many advantages over traditional play therapy. The parents' intimate involvement in the specific plan to help the child will mobilize the parent's motivation to be helped and perhaps more important, to be a helper. Parental resistance is lessened since parents do not feel excluded from the relationship with their child, which is sometimes the result of a therapist-child interaction. Second, the parent is experiencing a new role in the relationship with their child, and this new role may have the effect of weakening habitual negative patterns of interaction with the child. Third, the parent is in a position to gain greater understanding of the child due to the child's ability to express self freely during the play sessions. The parent is, therefore, able to gain a more realistic perception of his or her child given that they are removed from the usual pressure inducing situations (Guerney, 1964).

Filial Therapy Research

A growing body of research has validated filial therapy as an effective clinical treatment, a form of early intervention and a preventative measure for use with children whose adjustment spans from normal range to severe maladjustment. Empirical research can be categorized into four areas of study: (a) effectiveness of parents as therapeutic agents of change; (b) effectiveness of filial therapy with special needs children; (c) effectiveness of filial therapy with minority populations; (d) effectiveness of professionals and paraprofessionals as therapeutic agents of change.

Effectiveness of Parents as Therapeutic Agents of Change. One of the earliest studies in filial therapy was done by Stover and Guerney (1967). They found that

mothers trained in filial therapy significantly increased their reflective statements, and decreased their directive type statements as compared to the mothers in the control group who had not been trained in filial therapy. In addition to the change in the mothers, it was also found that the children's behavior was positively impacted as a result of the positive changes in the mother's interactions with their children.

B. Guerny and Stover (1971) substantiated their earlier (1967) findings with a group of 51 mothers and children and reported that mothers could be trained to reflect feelings, allow self-direction, and demonstrate involvement in their children's emotional expressions and behaviors. The children also demonstrated improvement in psychosocial adjustment.

Due to the absence of a control group in the B. Guerny and Stover (1971) study, Oxman (1971) matched the parents in the study with volunteer parents on the variables of the parents' and children's ages, size of family, geographical location, and socioeconomic status. Results indicated that mothers trained in filial therapy reported a significantly greater improvement in the behavior of their children than did the mothers in the control group. In addition, children in the experimental group changed their behavior sufficiently enough for their mothers to recognize the child as being , "closer to their ideal child than they had before the filial experience" (Oxman, 1971, p. 56-B). According to, Oxman (1971), "the major finding was that Filial Therapy was effective in helping the subjects to bring about desired changes in their children" (p. 56-B).

L. Guerny (1975) conducted a longitudinal qualitative investigation of 42 participants in the B. Guerny and Stover (1971) study one to three years after treatment

termination. Findings indicated that only three of the original 42 participants were receiving professional help at the time of follow-up and 32 of the parents assessed their children as having continued to improve since termination of filial therapy. These results suggested that the effects of filial training may still be observable as long as three years after the completion of training.

In a controlled study completed by Sywulak (1977), thirteen mother-father pairs and 6 single mothers served as their own controls during a 4 month waiting period prior to a four month filial therapy training program. In this study the variables of parental acceptance and child adjustment were measured pre and post filial training, as well as at the 2 month mark during the 4 month training. Results indicated that parental acceptance and improved child adjustment occurred as a result of the filial training. In addition, parental acceptance, and child adjustment demonstrated marked improvement during the second month of training. Results indicated that the children's mothers perceived the change in their child's adjustment earlier than the fathers.

Sensue (1981), completed a follow up study to the study completed by Sywulak (1977). The same families who had been trained by Sywulak (1977), were once again utilized as the experimental group in Sensue's (1981) study. A comparison group was matched on the demographic variables of the experimental group. The comparison group had not received any parent education nor had their children participated in any type of therapeutic services. The results of the study indicated that the experimental group parents demonstrated significant improvement on parental acceptance and on their perception of their child's adjustment. Results showed even higher scores 6-months after

treatment with no significant losses 2 to 3 years later.

Glass (1986) conducted the first study of the Landreth (1991) 10-week filial therapy model and reported a significant increase in parents' ability to demonstrate feelings of unconditional love for their children and to understand the meaning of their children's play behaviors. In addition, trends emerged which suggested filial therapy as an effective treatment for increasing closeness within the parent-child relationship while maintaining the hierarchy of parental authority and positively influencing family dynamics, especially in the areas of expressiveness, conflict, independence, and control.

Harris and Landreth (1997) investigated the effectiveness of the Landreth (1991) 10-week filial therapy model with 12 incarcerated mothers of children aged 3 to 10 years of age. Ten incarcerated mothers were utilized as control group members. The experimental group mothers were trained biweekly for a 5-week period. The results of the study indicated that the mothers who had been trained significantly increased their empathic responses and their attitude of acceptance toward their children and reported a significant reduction in the number of behavior problems in their children as compared to a control group.

In a similar study, Landreth and Lobaugh (1998) reported significant improvement in the self concepts of children aged 4 to 9 years old who had 30-minute special play sessions with their incarcerated fathers once a week on visitation day for ten weeks. Additionally, fathers who had received filial training indicated a significant decrease in their own stress related to parenting, as well as a significant increase in the acceptance of their children, unconditional love for their children, and a source of

competence as a parent as compared to a control group. In both of these research studies the adults who had been trained in the child-centered play skills reported significant improvement in their child's behavior following the special play times with their children. This finding points to the potential impact that training parents to increase their empathy and acceptance skills can have on a family system.

Bratton and Landreth (1995) studied the effectiveness of the Landreth (1991) 10-week filial therapy model with single parents of children aged 3 to 7 years of age. Compared to a control group in which the parents received no training, the trained parents reported significantly reduced levels of stress related to parenting, and significantly fewer problems with their children's behavior following the training. In addition, the parents demonstrated significant increases in empathic behavior, and acceptance of their children, respect for their child's feelings and expression of those feelings, recognition of the child's need for autonomy, and unconditional love for their children. The results of this study strongly support training parents in child-centered play therapy skills to increase their levels of empathy and acceptance, as well as to decrease their levels of stress related to parenting, and to decrease their children's behavior problems.

Effectiveness of Filial Therapy with Special Needs Children. The use of filial therapy training with parents that have special needs children has also been investigated. Studies include, elementary school children with learning difficulties (Kale & Landreth, 1999), children with chronic illness (Tew, 1977), children who have been sexually abused (Costas and Landreth, 1999), and most recently, children living in a domestic

violence shelter (Smith, 2000). Kale and Landreth (1999) reported that following the Landreth (1991) 10-week filial training, parents in the experimental group significantly increased their acceptance of their children and significantly reduced their level of parental stress as compared to a control group.

Tew (1997) studied the impact of the Landreth (1991) 10-week filial therapy model on parents of chronically ill children and found that parents in the filial therapy group significantly decreased their stress related to parenting and significantly increased their acceptance of their children compared to the control group. Additionally, the parents in the experimental group reported a significant reduction in their children's behavior problems including anxious/depressed behaviors.

Twenty-six non-offending parents of children aged 5 to 9 who had been sexually abused were trained in the Landreth (1991) 10-week filial model by Costas and Landreth (1999). The experimental group parents demonstrated statistically significant gains in empathic interactions and communication of acceptance of children's feelings and behaviors during observed play sessions. The parents reported a significant growth in unconditional love for their children as well as an overall growth in acceptance of their children. Additionally, a statistically significant reduction in parental stress was reported by the experimental group of parents as compared to the control group. Measures of the children's behavior, anxiety, emotional adjustment, and self-concept indicated positive trends. Positive trends were also reported by the parents in appreciation for their child's unique make-up, in acceptance of their children's feelings and the right to express those feelings, and in recognition of their child's need for autonomy and independence. At the

completion of training, parents in the experimental group rated their children's behaviors within a normal range, a change that Costas and Landreth (1999) identified as particularly noteworthy. The parents' assessment of their children in a more developmentally accurate perspective was interpreted as definite progress in light of the heightened anxiety typical of parents whose child has been sexually abused. Control group parents maintained their attempts to control their children's behaviors, while the parents in the experimental group demonstrated positive trends in following the child's lead and allowing the child more self direction. Costas and Landreth (1999) identified the shift in parental control and imposed direction on the child as important because non-offending parents are often so over protective they inhibit the natural developmental flow in the child who has been a victim of abuse.

In a modified format of the Landreth (1991) 10-week filial therapy training model, Smith (2000) trained mothers of children who were living in a domestic violence shelter. The training occurred for twelve sessions during a three-week period. Following the training, the mothers in the experimental group demonstrated a significant increase in their empathic communication with their children. The children in the experimental group demonstrated a significant increase in their self-concept, a significant decrease in internalizing and externalizing behavior problems, and a significant decrease in aggression, anxiety and depression as compared to the control group. Smith (2000) compared the results of her study with Kot's (1995) study that utilized intensive individual play therapy and Tyndall-Lind's (1999) study that utilized intensive group play therapy with children living in a domestic violence shelter. The results of the

comparison indicated that there were no significant differences on any of the measured dimensions between the intensive filial therapy, intensive individual play therapy and intensive sibling group play therapy (Smith, 2000).

Effectiveness of Filial Therapy with Parents of Different Cultures. Similar positive results have been obtained in studies in which parents of different cultures were trained in filial therapy. Chau and Landreth (1996), were the first to investigate the use of filial therapy with Chinese parents. The parents who received the Landreth (1991) 10-week filial therapy model of training demonstrated significant increase in their level of empathic interactions with their children, and a significant reduction in their level of stress related to parenting as compared to the control group.

Glover (2000) utilized the Landreth (1991) 10-week filial therapy model to train Native American parents living on an Indian Reservation. Results of the study indicated children in the experimental group significantly increased their level of desirable play behaviors with their parents compared to the control group. Additionally, parents in the experimental group significantly increased their level of empathy in their interactions with their children. Although parental acceptance, parental stress, and children's self concept did not improve significantly, all measures indicated positive results following training.

Yeun (1997) investigated the effectiveness of the Landreth (1991) 10-week filial therapy model with immigrant Chinese parents in Canada. The experimental group parents significantly increased their level of empathic interaction with their children and acceptance toward their children, as compared to the control group. Additionally, parents

in the experimental group demonstrated a significant decrease in stress as related to parenting and identified a significant reduction in behavior problems within their children.

Jang (2000) used a modified form of the Landreth (1991) 10-week filial therapy model to train Korean mothers in Korea. Following training the mothers in the experimental group demonstrated a statistically significant increase in empathic behavior, acceptance of their children, allowing the child self-direction, and involvement. Jang (2000) interviewed the mothers in the experimental group following their completion of the filial training. She identified three themes that appeared in the interviews. These included, 1) Mother's increased sensitivity to their children; 2) Improved couple communication; and 3) Improved relationships with other family members.

Effectiveness of Professionals and Paraprofessionals as Therapeutic Agents of Change. In addition to training parents in filial therapy methods, Andronico and Guerney (1967) proposed as early as 1967 that teachers could be trained. According to Andronico and Guerney, "given the skill to do so, people who are already, by the nature of their everyday roles, important in a child's life are in a better position to bring about change than an outsider who is seen only an hour a week, even if that person is a trained therapist" (p. 5). Andronico and Guerney (1967) believed that since teachers are with the children for a large part of the week, if given the skill to do so, they are in the position to make very important contributions to a child's mental health. Andronico and Guerney indicated that there is a reciprocal advantage for both the students and the teachers. The identified child would receive direct benefits from the teacher, while the teacher would

understand the importance of the therapeutic, empathic skills as well as, “ have been taught specific techniques for enhancing the child’s self concept and for increasing their the child’s ability to understand situations from a given child’s viewpoint” (Andronico & Guernsey, 1967, p. 5-6).

Guernsey, and Flumen (1970) trained teachers in filial therapy procedures. Their training consisted of 20- weeks of one and one-half hour sessions during which time the parents viewed demonstrations of individual play sessions with children. Following the training, each teacher met with an identified child weekly for 45 minute periods for 14 sessions over a 17 week period. Each teacher met with a supervisor once a week for group supervision and discussion. Twenty minutes of the meeting time was utilized for observation of one of the teachers working with the child. Results of the study indicated that the children in the experimental group showed a consistent pattern of rising assertiveness over the course of time, while not one of the children in the control group showed such an increase . The results of this study suggested that, “the nature of the sessions rather than the extra attention per se was responsible for the improvement” (p. 109). Over time the results indicated that the experimental children showed a continual steady increase in the area of initiation of assertiveness with peers.

In a study by Stollak, Scholom, Green, Schreiber, and Messe (1975), undergraduate students were trained to have play encounters with clinic referred children between the ages of 4 and 8 years old. The training program focused on increasing empathic behavior on the part of the adults during play sessions. They did not identify their training as filial therapy. Empathic behavior was measured using the Measurement

of Empathy in Adult Child Interactions rating scale (MEACI) developed by Stover, Guerney, and O'Connell (1970). The results of the study indicated that trainees did exhibit higher levels of empathic behavior especially in terms of communicating acceptance to the child . In addition, the children who had play encounters with undergraduate trainees were perceived by their parents and teachers as having improvement in their behavior following their play encounters. In a similar study with 9 undergraduates trained in play encounters with children, Reif and Stollak, (1972) found that once trained, the undergraduates were less directive, critical and restrictive and displayed a significant increase in behaviors indicative of a "child oriented" orientation. In addition, the investigators reported that the children who interacted with the trained undergraduates engaged in a significantly greater number of more "complex", "clinically rich," fantasy behaviors than did children seen by the untrained students.

Kranz (1972) utilized a 10-week theoretical course to teach elementary school teachers many of the aspects of non-directive play therapy. Following the course, the teachers began a 10-week long practicum during which each teacher worked with one child in direct therapeutic contact. Meetings were held with the teachers for two and half hours once a week during which time they could discuss their cases as well as any concerns they had regarding the experience. The teachers reported that they found the encounter, "a growing one for them, but equally important were the positive changes experienced by the children who were involved" (Kranz, 1972, p. 74). According to the teachers, the children who before having the play time had experienced difficulty in the classroom seemed more relaxed as well as open to learning. The children who had

difficulties with interpersonal relationships had moved in the direction of more adequate peer relationships following the play times with the teachers. In addition, children who had experienced difficulties with adult authority figures appeared less threatened and more comfortable in the presence of adults following the play time experience.

Brown (2000), utilized a modified form of the Landreth (1991) 10-week filial therapy training model to train 18 undergraduate student teachers in filial therapy. The experimental group demonstrated a statistically significant increase in their empathic interactions with children, allowing the child self direction, communication of acceptance, and involvement in comparison to the 20 teacher trainees who received the standard curriculum. Statistically significant increases were also reported for teacher trainees in the experimental group on play therapy attitudes, knowledge, and skills. The experimental group also demonstrated growth in their attitudes toward empathy and adult-child roles, and in their expectations of children.

The first study utilizing the Landreth (1991), 10-week filial therapy training model to train high school students was completed by Jones (2001). In this study, 16 high school students received a total of 24 weeks of filial/play therapy didactic training, application, and supervision for play times they conducted with students aged 4-6 years old identified with adjustment difficulties. The control group of 15 high school students received traditional Peer Assisted Leadership curriculum training. The high school students in the experimental group demonstrated significant increases in empathic interactions with the young children when compared to the control group. Additionally, the experimental group showed significant increases in communication of acceptance of

the children's feelings and behaviors, acceptance and behavioral willingness to follow the young child's lead rather than attempting to control their behavior, and attention to and participation in young children's play. This study supported the use of filial therapy as an effective training model for increasing high school student's empathic behavior with young children.

Peer Mentoring and Counseling

Currently the demand for school counselors exceeds the availability of counselors in the schools. For some schools, student population continues to grow, while the number of counselors remain constant. In an effort to meet the needs of students, some schools have implemented programs known as "peer helper" programs (Morrill, 1986). A program of students helping students within the academic environment has been recognized as an effective procedure since the 1970's (Hamburg & Varenhorst, 1972; Samuels & Samuels, 1975) and Peer facilitation models have become accepted as a valuable human resource for school counseling services (Downe, Altmann, & Nysetvold, 1986). Ryan and Varenhorst (1973) proposed that, "If elementary students can be helped with learning and social problems by being exposed to positive models and by being helped to feel good about themselves, then perhaps more severe problems will not emerge" (p. 57).

Kern and Kirby (1971), were among the first to research the effectiveness of such programs. Twelve fifth and sixth grade students who had been selected by their peers and were relatively free from adjustment problems were trained in three areas (1) understanding behavior, (2) changing behavior, and (3) learning the role of the peer

helper during three one-hour training sessions. Those students were called “peer helpers.” Utilizing an Adlerian orientation, helpers were taught to “encourage positive behavior in other students; assist the school counselor in identification of the goals of misbehavior, and assist students struggling with adjustment difficulties. Following the training sessions, the peer helpers assisted the school counselor in running groups for poorly adjusted fifth and sixth grade students. To determine the effectiveness of the peer helpers, a pre-test and post-test control group design was used. Results indicated that peer helpers had a positive impact on the group process. The positive behavior checklist scores for the students in the peer helper groups were significantly higher than for the control group, and counselor led groups. Kern and Kirby (1971) concluded that , “Peers can assist the counselor to work more effectively with children who have adjustment problems” (p.74).

Mosley (1972), described to the Florida state legislature a “cadet program” which assigned fifth and sixth grade students with social and/or academic needs to primary grade children who needed, “that little special touch afforded by a one-to-one relationship” (p. 152). The fifth and sixth grade students were individually guided through an instruction program developed by teachers, parents, librarians, counselors, caseworkers, and the principal. Mosley (1972) indicated that, “the growth of both children of the team has been gratifying, and the cadets take great pride in the accomplishments of their students” (p.152).

A peer counseling program which trained students in grades 7-12 for twelve weeks was developed by Hamburg and Varenhorst (1972). In the training program, the

students met in small groups for three hour time-blocks for a four week period. They were taught communication skills, decision making skills, and ethics and strategies for counseling. Typically the trained students worked with elementary school children in a big-brother or sister relationship, orientating junior high students to the secondary school, and working on projects to make school a happier place. Although there were no formal evaluations of the program, the research was focused on determining the, “effect of the program on the peer counselors’ own life, ranging from vastly improved family relations, to dropping out of the drug scene, to increased self-awareness and greater social poise and concern for others” (Varenhorst & Hamburg, 1973, p. 5).

A sixth grade training program in peer counseling was completed by McCann (1975). Varenhorst and Hamburg’s (1973), training model was modified to use in the study. The selected sixth grade students participated in eight one hour training sessions. “The objectives of the training sessions were: (a) to be able to listen to another person and be aware of nonverbal communication; (b) to talk with another about personal problems and feelings; (c) to be able to use reflective listening and to develop alternate courses of action when faced with a problem; and (d) to be able to communicate caring to another person” (McCann, 1975, p. 182). McCann, (1975) concluded that the trainees were, “successful in developing techniques such as reflective listening skills, supportiveness and attentiveness to the person who needs help, and a positive approach to problem solving” (p. 186). The trained students were available to other fifth and sixth grade students in a “school drop-in center” open two days a week during lunch and recess periods. As a result of the “drop-in center” student awareness of mental health issues

was increased, and as a result of the peer helper program, attitudes toward mental health were enhanced in the school. Additionally, the students trained to be peer counselors reported they enjoyed the experience.

Gumaer (1976) reported results of a peer training program both on the peers as well as the peer facilitators. Eight fifth grade students were trained in facilitative responding, clarification, and feedback skills. Following twelve 45-minute training periods over a period of three weeks, the peer facilitators led small groups of third grade students. Each group contained no more than eight children with two peer facilitators. The peer-led discussion groups were held twice a week for three weeks for a twenty minute period. The fifth grade students met with the school counselor for supervision following the last discussion group of each week. Following the completion of the program, 21 fifth grade peer facilitators and 77 third grade students who experienced a peer-led group responded to a Likert-type scale evaluation of the program. Of the peer facilitators 86 percent indicated they would like to participate in the program again. For the third grade participants, 82 percent indicated the desire to participate again. In addition, 95 percent of the peer facilitators and 85 percent of the third grade students indicated that the peer facilitated group experience was something special. Other significant outcomes of the evaluation included; 72 percent of peer facilitators and 80 percent of third grade students agreed that the group helped them to learn to know other students better; and 50 percent of the peer facilitators and 65 percent of the third grade students agreed that the group helped them to know themselves better. In addition, 80 percent of the peer facilitators and 72 percent of the third grade students indicated that

the skills they learned in the peer-led group continued to be helpful. It was agreed by 90 percent of peer facilitators and 79 percent of third grade students that a peer facilitator program should be a part of every school.

Vogelsong (1978) attempted to answer the question, Can children as young as ten years of age respond favorably to training in empathic skills? He trained fifth grade students once a week for a period of 10 consecutive weeks during a 45-minute activity period at the end of the school day. This training program was based on the first-stage relationship enhancement work of Guerney (1977) and modified for the age group of fifth grade students. Results of the Acceptance of Other Scale (AOS) indicated that there was a significant difference between those students who had been trained and those who had not. Results of this study indicated that, “not just knowledge, and not just experience but active, specific, concrete skill training can become a significant part of affective education even in the elementary grades” (Vogelsong, 1978, p. 278).

Seidenberg (1978) trained sibling dyads, composed of children aged 11-13 in relationship enhancement techniques. During twelve 50 minute sessions, the children met with group leaders and were trained in communications skills of empathic responding and open expression using didactic and experiential methods. Overall, the children in the experimental group improved their interpersonal communication skills to a greater extent than the children in the control group. Results revealed that all children in the experimental group were able to learn and effectively demonstrate the targeted communication skills. Specifically, children in the experimental group: 1) increased the number of positive statements they made about their siblings, 2) decreased the number of

negative statements that they made about their siblings, 3) became more aware of each other's attributes versus each other's faults, and 4) became more communicative with each other.

Bowman and Myrick (1980) trained seventeen students from grades three to six in how to relate and understand others better. The children were trained in 3 separate groups for 14, 45- minute sessions. After week 8, all of the students successfully passed two competency tests. Each trained student then began to meet with identified students on an individual basis. The unique component of this research was that the trained students interacted in a peer facilitator role with adults also. All students showed some positive gains on a self-concept scale. Self-reports and teacher reports suggested that all participants benefitted in some way from the experience. Six months after the program started, the trained students continued to use their helping skills (Bowman, & Myrick, 1980).

Mastroianni and Dinkmeyer (1980) trained 12 fifth grade students in facilitative skills. One of the trained boys had been described as verbally and physically antagonistic to his classmates prior to the training sessions. This particular student was paired with a first grade boy who was having social and schoolwork problems. The trained student took a real interest in the boy and spent much time in and out of school with the student. Within a few months, the fifth grade student's behavior and attitude changed considerably. "He sought out and developed new friendships. His antagonistic attitude was gone. He spent little time in the office, and his bullying of younger students ceased." (Mastroianni & Dinkmeyer, 1980, p. 220).

Bowman and Myrick (1987) matched fifth grade peer facilitators with second and third grade students who demonstrated disruptive behavior. The fifth grade students in the experimental group received peer facilitator training which consisted of 13 training sessions, 10 of which were skill training. After being trained, the fifth graders met with the primary grade students 12 times. Four of the sessions were small group discussions on friendship, while the other 8 sessions were individual meetings between the fifth grader and the primary grade student. Results indicated a significant increase in the experimental group primary grade students' appropriate classroom behavior and attitude toward school. However, there were no significant differences between experimental and control groups of fifth grade students on either self-concept, or attitudes toward others.

Ostrosky and Kaizer (1995) trained six nondisabled third and fourth grade students in mirroring, assistance, choice-making, descriptive talk, and responding skills. These peer helpers utilized these skills during play time interactions with peers identified with severe cognitive disabilities. A multiple baseline design across three triads was used to evaluate the extent of behavioral changes in all the children participating in the study. Results indicated that the nondisabled students were able to apply the five social communication facilitation strategies while playing with their cognitively disabled peers. Also, changes were evident in nondisabled peers' frequency of verbal behavior directed to the target child and the percentage of communicative attempts to which nondisabled peers verbally responded. The trained children as well as the cognitively disabled children spent a greater percentage of the play period engaged in social interaction following training.

Tobias and Myrick (1999) trained twelve eighth grade students in peer facilitator skills once a week for six weeks. The training focused on establishing a helping relationship, using high facilitative responses, leading a small group discussion, and using a four step problem-solving model. Following the training, the students were randomly assigned to sixth grade students who had been referred to school administrators at least twice in a school semester for discipline. Individual sessions as well as group sessions with 2 trained eighth grade students and 5-6 sixth grade students were conducted. The trained eighth grade students received supervision from the school counselor during the study. Pre/post test measures on the sixth grade students' self-concept, attitude toward others, school attitude, discipline referrals, attendance, and grades among middle-school problem-behavior students were conducted. Significant differences were found between experimental and control groups on the variables of school grades, school attendance, discipline referrals, and school attitude. No differences were found for attitudes toward others and self-concept.

Benefits of Peer Mentor Training

Keat (1976) focused his attention on the gains that a peer trained as a facilitator might accrue from being a helper. This principle was derived from the work of Guernsey (1969) who stated, "the helper is often himself changed for the better as a consequence of his efforts" (p. 247). According to Keat (1976), for some children who serve in the helping capacity, this experience may be the only opportunity for them to receive positive feedback. The training program focused on skills of listening, clarifying, reflecting and basic interpersonal skills. As the helper learns to show respect or interest for others the

perception of exhibiting positive regard is practiced and integrated into a way of being. Another important lesson that is enhanced by the training is that of trust. According to Keat (1976), the understanding that keeping certain information confidential can heighten another's trust in the helper and can help the helper develop a sense of his/her own trustworthiness is an important life lesson. The helper in training learns skills which enhance ability for interpersonal communication. This skill is utilized among the helper's own peer group as well as enlarged to include other human relationships. According to Keat (1976), some benefits to the helper of the supervision relationship include, "(a) achieving a positive relationship with an adult, (b) gaining a model with whom to identify, and (c) receiving the support and understanding of an adult" (p. 10). Skills by which interpersonal problems, can be solved in a mature way are taught during the peer training program. Utilizing these skills, the helpers can learn to deal with troubles in an effective rather than destructive manner. Children that help others often have an increased self image and therefore feel worthwhile themselves. As the helper becomes more self assured, there is an internal understanding that develops about other people's feelings and behaviors. This understanding allows for the helper to become less self centered and more open and concerned for others. Additional benefits to the helper include, learning to get along with peers, developing concepts for everyday living, achieving personal independence, and developing appropriate attitudes toward social groups and institutions. Through the skills learned in the training program, the helpers are able to develop modeling behavior, eye contact, and attending behaviors. These are life skills which the helpers will be able to implement in their lives outside of the group

experience (Keat, 1976).

Myrick (1976) reported on a project that trained sixth grade students to help peers work out minor concerns. In 10 one-hour training sessions, students were taught to use decision making skills to deal with personal problems. Following the training the sixth grade students were paired with a “troubled” student for a once or twice a week meeting. The trained students reported on the post training questionnaire that they had better feelings toward school and other students, better relationships with teachers, and greater self-understanding.

Wendel (1976) investigated the effect peer counseling sessions had on the self-concept of both fifth-grade peer counselors and the third grade students they helped. A comparison study was done in which a control group received no treatment, one experimental group received counseling from the school counselor who utilized five counseling tasks, while another experimental group received counseling from fifth grade students trained to implement one counseling task with a third grade student once a week for 8 weeks. Comparison of the self concept of the third grade students in both experimental groups indicated a statistically significant increase in the self concept of third grade students following counseling with the peer or school counselor. Results also indicated that, there was a statistically significant increase in the self-concept of the peer counselors following their involvement as peer counselors with the third grade children.

Summary

A review of the literature reveals a shortage of trained mental health service providers to meet the needs of the growing number of children who are suffering from

emotional, behavioral, and developmental needs (Satcher, 2001). The U.S. Surgeon General has referred to this burden of suffering experienced by children with mental health needs as a, “health crisis,” and estimated that only 1 in 5 children who would benefit from intervention are currently receiving services. He stated that this low percentage rate of children receiving services is due in part to many missed opportunities for prevention and early identification, fragmented treatment services, and low priorities for resources. The proposed plan to address this need includes, “ integrating family, child and youth-centered mental health services into all systems that serve children and youth” (Satcher, 2001, p. 5). One such system providing access for mental health services to all children is the elementary school, a natural setting for children.

Play, the language of children (Ginott, 1961, Landreth, 1991), has been shown to be an effective intervention with children experiencing a variety of concerns (Landreth, Homeyer, Glover, and Sweeney, 1996). The use of play therapy as an intervention in the lives of children has been shown to assist children in learning about themselves, others, and the world around them as they try to organize, make sense of, and communicate their experiences (Landreth, 1991). Since the 1960's play therapy has been utilized in the school environment to help accomplish the goal of elementary schools which is to promote children's intellectual, emotional, physical, and social development through adequate learning opportunities. Research measuring the effectiveness of play therapy has shown that children who experienced school adjustment difficulties as well as learning disabilities have demonstrated statistically significant improvements in their self esteem, self direction, reading abilities, social, emotional, and behavioral difficulties that

prior to participating in a play therapy intervention had inhibited them from benefitting from the learning environment (Axline, 1947; Bills, 1950; Gould, 1980; Quayle, 1991; McGuire, 2000; Rennie, 2000).

Although play therapy is a widely used approach in elementary schools, referrals to school counselors exceed their capacity to address each student's needs individually. In an attempt to address this issue, it has been shown that parents and teachers can be trained in child-centered play therapy procedures and skills (Guerney, 1964; Bratton & Landreth, 1995; Andronico & Guerney, 1967; Guerney & Flumen, 1970; Kranz, 1972; Brown, 2000). Filial therapy has been proven effective with a variety of presenting issues and populations (Ray, Bratton, Rhine, & Jones, 2001).

Another method that has been widely used in elementary schools in response to the continued increasing mental health needs of children and the limited time of school counselors is the introduction of peer helper programs (Kern & Kirby, 1971). These programs have demonstrated a reciprocal benefit to both the peer in need, and the trained helper (McCann, 1975; Gumaer, 1976; Keat, 1976; Bowman & Myrick, 1980). Results of the implementation of these programs have demonstrated an increase in assertiveness and social skills, a decrease in inappropriate classroom behavior, and the creation of a more cohesive community in the school environment (Kern & Kirby, 1971; McCann, 1975; Bowman & Myrick, 1980; Mastroianni & Dinkmeyer, 1980).

Research in the effectiveness of play therapy, filial therapy, and peer helping programs has been documented. However, research utilizing the combination these methods into one intervention strategy is limited (Jones, 2000). The training of older

children in developmentally appropriate models of working with young children such as filial therapy could be very beneficial to the students, the school counselor, and the school environment. An intervention strategy of this nature would allow for those younger students identified as struggling academically, emotionally, and socially to receive the needed mental health intervention so that they do not continue to fall through the cracks.

Chapter II

METHODS AND PROCEDURES

A pretest-posttest control group design was used to measure the effectiveness of the Landreth 10-week filial therapy model as a method to train fifth grade students in child-centered play therapy skills and procedures. This study was a combined research project with Baggerly (1999) who measured changes in kindergarten children who had special play sessions facilitated by the fifth grade students in this study. After being trained, the fifth grade students participated in structured thirty minute play times once a week for ten weeks with kindergarten children identified in the Baggerly (1999) study as having adjustment difficulties. Volunteer students who met the specified criteria were selected to participate in the study and then randomly assigned to an experimental group and a control group.

Definitions

Adjustment difficulties refers to any problem that prevents a child from adjusting to classroom or school situations and learning opportunities. Examples of adjustment difficulties are extreme shyness, withdrawn behavior, anxiety, depression, inattentiveness, dependency, or impulsivity. Adjustment difficulties also include grief reactions to life changes such as a parental divorce, a recent move, or death of a family member.

Allowing the child self-direction is the fifth grade student's willingness to follow

the kindergarten child's lead rather than trying to control the child's behavior. For the purpose of this study, allowing the child self-direction was operationally defined as the fifth grade students' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Child-centered play therapy has been defined by Landreth (1991) as "a dynamic interpersonal relationship between a child and a therapist trained in play therapy procedures who provides selected play materials and facilitates the development of a safe relationship for the child to fully express and explore self (feelings, thoughts, experiences, and behaviors) through the child's natural medium of communication, play" (p. 14).

Child-centered play therapy procedures and skills are therapeutic strategies of tracking behavior, reflecting content and feelings, building self-esteem, facilitating decision making, and setting therapeutic limits. These strategies are implemented by trained facilitators who build a therapeutic relationship by demonstrating warmth, empathy, and genuineness through tone of voice, posture, and active listening. Therapeutic toys are provided as a means for children to express their thoughts, desires, perceptions, and feelings.

Communication of acceptance is the fifth grade student's verbal expression of acceptance-rejection of the kindergarten child. For the purpose of this study, communication of acceptance was operationally defined as the fifth grade students' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Empathy is the fifth grade student's sensitivity to the kindergarten child's feelings and their ability to communicate this understanding to the kindergarten child. For the purpose of this study, empathy was operationally defined as the fifth grade students' total scores on the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Filial therapy is a unique approach used by professionals trained in play therapy to train parents to be therapeutic agents with their own children through a format of didactic instruction, demonstration play sessions, required at-home laboratory play sessions, and supervision. Parents are taught basic child-centered play therapy skills including responsive listening, recognizing children's emotional needs, therapeutic limit setting, building children's self esteem, and structuring required weekly play sessions with their children using a special kit of selected toys. Parents learn how to create a nonjudgmental, understanding, and accepting environment which enhances the parent-child relationship, thus facilitating personal growth and change for child and parent (Landreth, 2001).

Involvement is the fifth grade student's attention to and participation in the kindergarten child's activities. For the purpose of this study, involvement was operationally defined as the fifth grade students' scores on this subscale of the Measurement of Empathy in Adult-Child Interaction (Stover et al., 1971).

Hypotheses

To accomplish the purposes of this study, the following hypotheses were formulated:

1. Subjects in the experimental group will attain a significantly lower mean total score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than

will subjects in the control group.

2. Subjects in the experimental group will attain a significantly lower mean score on the Communication of Acceptance subscale of the MEACI posttest than will subjects in the control group.

3. Subjects in the experimental group will attain a significantly lower mean score on the Allowing the Child Self-direction subscale of the MEACI posttest than will subjects in the control group.

4. Subjects in the experimental group will attain a significantly lower mean score on the Involvement subscale of the MEACI posttest than will subjects in the control group.

Instrument

Measurement of Empathy in Adult-Child Interaction

The Measurement of Empathy in Adult-Child Interaction (MEACI) observational scale was developed by Stover, B. Guernsey, and O'Connell (1971) and modified by Bratton (1993) to operationally define empathy as related to adult-child interactions (See Appendix C). The modifications made by Bratton involved the organization of the content of the instrument into a form that could be used to score videotapes for research purposes. It measures three adult behaviors identified as major aspects of empathy in adult-child interactions: (1) communication of acceptance; (2) allowing the child self direction; and (3) involvement.

The Communication of Acceptance subscale measures the adults' verbal expression of acceptance-rejection of the child's feelings and behavior in spontaneous

play with the child. Communication of acceptance is a major element in the communication of empathic feelings and is considered to be one of the necessary conditions for therapeutic personality change and healthy adult-child relationships (Rogers, 1951; Stover et al., 1971). Nevertheless, Stover et al. (1971) believed that the communication of acceptance does not generally occur in spontaneous adult-child interactions.

The Allowing the Child Self-Direction subscale of the MEACI measures the adults' behavioral willingness to allow the child self-direction in behavior rather than attempting to control the child's behavior. The Involvement subscale is a measure of the adults' attention to and participation in the child's activities. The adult's participation can be sympathetic or non-sympathetic, highly directive or appropriately supportive.

A five-point bipolar scale is used to rate the three dimensions of adult behavior every three minutes of the video-taped play sessions for six consecutive coding intervals. The scale ranges from a high rating of one to a low rating of five. Therefore, a lower score indicates more positive results.

Reliability coefficients were established for each of the three subscales of the original Stover et al., (1971) instrument. The average reliability correlation coefficient for the Communication of Acceptance subscale was .92. The Allowing the Child Self-Direction subscale had a medium correlation coefficient of .89 and the Adult Involvement subscale had an average coefficient of .89.

The instrument demonstrated concurrent validity by correlating .85 with a previously developed measure of empathy and offered measures of three other variables

which are relatively independent of one another. Construct validity for the total empathy score and each subscale was demonstrated with a group of 51 mothers who participated in a research project on the efficacy of filial therapy. In this study, the scale was used to measure fifth grade students' empathetic responses. Due to the observational nature of the instrument, there is no age range used to define "adult".

Selection of Participants

After receiving approval from the principal of an elementary school located in the Denton County Independent School District, an informational meeting was held with all of the fifth grade teachers, and the school counselor at the school. During the meeting the teachers were told of the purpose of the project, the time-line, and the teachers' role in nominating students that would be appropriate for the study. Specific criteria to determine student appropriateness for the study was based on the following: (a) recommendations by their fifth grade teachers based on the following criteria: high academic proficiency, emotional maturity, ability to handle responsibility, calm, patient personality type, as identified by their teachers; (b) a social matrix revealing classmates' friendship preference for that particular student; (c) the family must at the time have been planning to remain in the identified elementary school through December of the fall semester; (d) the child and primary caretaker must not be currently involved in counseling; (e) the fifth grade student must be able to read, write, and speak the English language.

Fifth grade students who received at least two nominations from their teachers, as well as two nominations from their peers were selected as possible participants in the

study. The parents of the forty-two fifth grade students who had been identified as possible participants in the study received a packet which informed them of the purpose of the study and the confidential nature of the study (See Appendix A). Also included in the packet was an informed consent form (See Appendix A). The parents were informed that the researchers were available to answer parents' questions. In addition, a schedule of training dates and times was included in the packet. Parental permission was received for thirty-nine of the fifth grade students to participate in the study. These students were interviewed by one of the researchers to ensure appropriateness for the study. Interview questions included, "What does it mean to you to keep a secret? Has anyone ever told you secrets? How did you feel? What do you want to do when you grow up? The students were also asked to tell the researcher about a person in their life who was special to them, and to talk about why they believed they would be a good kindergarten play facilitator. The researchers determined appropriateness based on whether the student answered the questions seriously, kept good eye contact with the interviewer, and was actively involved in the interview process. Nine of the students interviewed by the researchers were screened out due to their lack of interest in the interview process, their inability to independently answer the questions, or their lack of verbal contact with the researcher .

The thirty selected fifth grade students were assigned to either an experimental group or a control group . Based on the researchers' assessment of the student during the interview process, fifteen fifth grade students who were most likely to succeed in the training were assigned to the experimental group and the remaining fifteen students were

assigned to the control group. Those students who were identified as most likely to succeed in training were those who demonstrated highly verbal skills, good eye-contact, and excitement about the training and play session process during the researchers interview.

Over the course of the initial 5 week training period, one child from the experimental group dropped out of the study because she stated that she no longer enjoyed participating in the training sessions, and did not like the emphasis on allowing the kindergarten child to lead. Additionally, research data for two girls and one boy in the experimental group and three girls in the control group was unable to be evaluated due to the inability to score the videotapes.

Twenty three fifth grade student participants completed the study, 6 boys and 6 girls in the experimental group, and 9 girls and 2 boys in the control group (Table 1). The ages of the participating fifth grade children were 10 and 11 years old. The experimental group was composed of eleven Caucasian students, and one Asian student, and the control group had eleven Caucasian students.

Those fifth grade students assigned to the control group participated in an abbreviated model of child-centered play therapy skills and procedures training at the completion of the study. Following their training they were paired with the control group of kindergarten children and conducted special play time sessions.

Table 1.

Fifth Grade Participants by Gender and Group

	Number of Boys (Percentage of Boys in Group)	Number of Girls (Percentage of Girls in Group)	Total
Fifth Grade Experimental Group	6 (50%)	6 (50%)	12 Experimental Group
Fifth Grade Control Group	2 (18%)	9 (81%)	11 Control Group
Fifth Grade Total	8 (35%)	15 (65%)	23 Total

Thirty kindergarten children who attended the same elementary school in the Denton County Independent School District and who were having school adjustment difficulties as evidenced by shy, withdrawn, anxious, depressed or inattentive behavior or who were experiencing life changes such as parental divorce, moving, or a new sibling were referred by teachers and/or parents. All seven kindergarten teachers identified children in their classroom who met the criteria on the selection form (See Appendix B).

Every parent of a kindergarten child received a Filial Problem Checklist, a self-report instrument listing 108 possible problem situations developed by Horner (1974). Parents were instructed to mark any of the items that were currently problematic for their family with a "1" if it is "true for the child but not considered a problem, a "2" if it is "considered a moderate problem for the child," or a "3" if it is "a severe problem for the child." Parents with kindergarten children who were referred by the teacher or that obtained a Filial Problem Checklist score over 20 received a packet of information informing them of the purpose and confidentiality of the study and intake and informed consent forms.

The thirty kindergarten children whose families granted permission were selected

to participate in the study based on the following criteria: (a) the primary caretaker must be able to speak, read, and write the English language; (b) the family must be planning to remain in the school through December of the fall semester; (c) the child and the primary caretaker must not be currently in counseling; (d) the primary caretaker must be able to complete pre testing and post testing; (e) the primary caretaker and the child must both agree for the child to participate in a twenty minute play session with a trained fifth grade student once a week for ten weeks; and, (f) the parent or legal guardian must sign the consent for pre-test video and post-test video taping.

Thirty kindergarten children were originally selected. Over the course of the project, one child in the control group needed immediate help from the school counselor and was dropped out of the study. Consequently, 29 children completed the present study: 11 boys and 4 girls in the experimental group, 6 boys and 8 girls in the control group (Table 2). The ages of the participating kindergarten children were 5 and 6 years old. The experimental group was composed of 11 Caucasian children, 2 African American children, and 2 Hispanic children and the control group had 11 Caucasian children, 2 African American children, and 1 Hispanic child.

Due to the complexity of scheduling, the first fifteen kindergarten children who turned in their parent permission slips were assigned to the experimental group. The next fifteen kindergarten children were assigned to the control group. Children who were selected for the control group were given the opportunity to participate in special play sessions after the research study ended.

Table 2.

Kindergarten Participants by Gender and Group

	Number of Boys (Percentage of Boys in Group)	Number of Girls (Percentage of Girls in Group)	Total
Kindergarten Experimental Group	11(73%)	4 (27%)	15 Experimental Group
Kindergarten Control Group	6 (43%)	8 (57%)	14 Control Group
Kindergarten Total	17 boys (59%)	12 girls (41%)	29 Total

Each fifth grade student was paired with one of the kindergarten children based on (a) gender in which all kindergarten girls were paired with fifth grade girls except for one and kindergarten boys were paired with either fifth grade girls or fifth grade boys and (b) convenience of schedule.

Collection of Data

Pre-training sessions were scheduled one week prior to the initial training of the fifth grade students in the experimental group. Fifth grade students and kindergarten children pairs were videotaped in a 20-minute play session before and after the training. Video taped sessions were conducted in three small rooms in the school library equipped with toys recommended by Landreth (1991). A video camera set up on a tripod in the corner of each room was turned on and off by the research assistants before and after play sessions. The fifth grade student and kindergarten child were shown to the play space and told, "This is where you and your "friend" will play for 20 minutes. You may play with toys in many of the ways you would like. You may not leave this play area until the time is up. You will be video-taped with this camera. I will knock on the door and tell you

when you have 5 minutes left and then I will knock and come in the room to turn off the video camera when the time is up.” Research assistants supervised these video taped play sessions by observing through the small window in each of the three rooms.

Research assistants did not intervene in the play sessions other than to knock on the door and announce to the pair when five minutes remained, “You have five minutes left in the special play time today.” During the week following the ten weeks of play sessions, the same protocol for video taping play sessions was administered to both the experimental and control groups. Both pre-training and post-training videotaping was completed in one week. Each video tape was number coded to maintain the confidentiality of the participants. Only the investigator had the list of the participants names. The video-taped play sessions of participants were viewed only by graduate research assistants. The research assistants had no knowledge of participants names and they were made aware that the confidentiality of participants was to be maintained.

Procedures

Training of Fifth Grade Students

After completing the pre-training videotaping of play sessions, the fifteen fifth grade students in the experimental group received 35 minutes of training twice a week for five weeks and then once a week for the duration of the ten weeks of play sessions. Brief didactic lectures, role playing, viewing videos of play therapy sessions and ongoing supervision were utilized to help fifth grade students learn to establish a facilitative

relationship, reflect feelings, track behavior, facilitate decision making, return responsibility, build self esteem, and set therapeutic limits. The training was based on Landreth's (1991) 10-week filial therapy model which was originally developed for parents and modified to allow for the developmental level of the fifth grade students. Training focused on basic child-centered play therapy principles of following the child's lead, avoiding judgmental statements, creating a safe, accepting atmosphere, reflecting feelings, enhancing self esteem, therapeutic limit setting and providing therapeutic toys. The Landreth (1991) 10-week filial therapy training model teaches parents the skills of reflecting feelings and tracking behavior during the initial training session. Due to the cognitive developmental level of the fifth grade students, this approach was modified to teach the skill of tracking content and behavior during the first two sessions. and during The skill of reflecting feelings was introduced during the third session.

The child-centered play therapy approach was chosen because research has shown that elementary and junior high school students can effectively implement Rogers' person-centered interpersonal communication skills (Seidenberg, 1978). In addition, fifth grade students' developmental and cognitive abilities are best suited to implement the child-centered play therapy approach since it does not require analysis, interpretation or rigid structure as do other therapeutic approaches.

Researchers have shown that training through micro counseling, "learning by doing" is effective in teaching graduate students three essential play therapy skills,

namely limit setting, reflection of behavior statements, and reflection of feeling statements (Arnold, 1976). However, didactic lectures are also essential. Research by Linden and Stollak (1969) demonstrated that undergraduate students trained in play therapy procedures and skills through a didactic approach reflected significantly more feelings and content of behavior and were less directive and less restricted than students trained solely by an experiential approach.

Training sessions were held during the Monday study hall period from 2:10 pm to 2:45 pm. The fifteen fifth grade students were taught new concepts through didactic lectures, viewing video tapes of experienced play therapists, and role playing in which the fifth grade students alternated being the facilitator and the kindergarten student. Later in the week, in order to accommodate complex schedules, eight fifth grade students came on Wednesday during “specials” (art, music, or P.E.) period from 8:15 am to 8:50 am, and seven fifth grade students came on Thursday during their “specials” period. During this second training of the week, the new concepts and skills learned on Monday were reviewed and then implemented through one on one role playing. The specific content of the training sessions was as follows:

Training Session One

Introductions of facilitators and fifth grade students were made and the project was explained. The facilitators described play as the child’s language and explained that children’s language is based on actions, not words. The skills of tracking behavior and following the child’s lead were explained and demonstrated by the facilitators. Participants learned that the purpose of tracking is to help the child feel important or

special and to build the child's self-esteem.

Training Session Two

The concepts of tracking behavior and following the child's lead were reviewed. Each fifth grade student participated in a role play with another student to practice the new skill.

Training Session Three

A review of tracking behavior was conducted. Facilitators presented and demonstrated new concepts of recognizing and reflecting feelings. Students learned that the purpose of recognizing and reflecting feelings is to help the child feel understood and to build the child's self understanding. Skills in returning responsibility and in building self esteem were also explained and demonstrated. Students learned the purpose for these skills is to help the child become less dependent and to build the child's self-confidence. One on one role playing with participants alternating the role of kindergarten child and fifth grade facilitator was performed.

Training Session Four

Facilitators and students reviewed concepts of reflecting feelings, returning responsibility, and building self esteem. These skills were practiced by each student through one on one role play.

Training Session Five

Facilitators presented a video tape of an experienced play therapist demonstrating skills of tracking behavior and reflecting feelings. Students were instructed to focus on the child and not play with toys unless the child gives specific instructions. In order to

facilitate the child staying in the lead, the “whisper technique” of “what should I do now” was demonstrated. Facilitators also stressed encouraging the child rather than praising the child for the purpose of building the child’s internal motivation and evaluation. Students practiced the new concepts through one on one role playing.

Training Session Six

Facilitators and students reviewed the skills of the “whisper technique” and encouraging the child. Students implemented these skills through role play.

Training Session Seven

Facilitators explained and demonstrated the therapeutic limit setting steps of (a) acknowledging the desire, (b) communicating the limit, and (c) targeting an alternative. Students learned that the purpose of therapeutic limit setting is to build the child’s self control. One on one role playing with participants alternating role of kindergarten child and fifth grade facilitator was performed.

Training Session Eight

Facilitators and students reviewed the concepts of therapeutic limit setting and implemented the skill through one on one role playing.

Training Session Nine

Therapeutic limit setting was reviewed and a video of an experienced play therapist setting limits was shown. The skill of setting the ultimate limit was explained and demonstrated. Students practiced setting the ultimate limit through role play. Facilitators also explained how to greet the child and how to introduce the child to the

play session.

Training Session Ten

Facilitators and students reviewed every child-centered play therapy skill previously presented. Students implemented each skill during a one on one role play.

Play Sessions

Kindergarten children were picked up from their classrooms by their fifth grade facilitator when it was time for their play session. One of the research assistants always accompanied the students from the kindergarten classrooms to the play area. Fifth grade students were encouraged to greet their kindergarten child in a pleasant, friendly manner, and to have informal conversation as they walked to the play area.

Play sessions were held in a portable classroom building utilized as an overflow classroom. This classroom was sectioned off into six areas for play sessions by cardboard partitions. On one occasion when a portable classroom building was not available, play sessions were held in the library in small rooms and in between bookshelves. The play sessions were scheduled at a time designated by the teachers and principal to ensure students did not miss academic instruction.

After participating in training sessions twice a week for five weeks, each fifth grade facilitator and their assigned kindergarten child participated in a twenty minute play session once a week for ten weeks. These play sessions were supervised unobtrusively from a distance in the classroom by the researchers. The researchers did not intervene other than to give the time limits of five minutes remaining and the end of the session. During play sessions 6 and 7 the supervisors video taped portions of each

play session for the purpose of utilizing the tapes in supervision with the fifth grade students.

Play materials utilized in the play sessions included Landreth's (1991) suggestions for a play therapy tote bag. All items were grouped together by the nature of the toy and placed in a semi-circle format leaving the inside portion of the semi-circle available for play time space. Items included: (1) real life items such as a bendable doll family, a cardboard box top with rooms indicated by strips of tape, furniture for the rooms, nursing bottle, plastic dishes, a small car, a small plane, and telephone, (2) aggressive release items such as handcuffs, dart gun, rubber knife and toy soldiers, (3) creative expressive items such as Play-Doh, hand puppets, small plain mask, Nerf ball, Popsicle sticks, newsprint, crayons, blunt scissors, and egg cartons to smash or color, and (4) an inflatable plastic punching toy.

To ensure the fifth grade students properly implemented child-centered play therapy procedures and skills, supervisors either gave feedback immediately after the play session or before the next play session, depending on the student's schedule. In addition, weekly group supervision training sessions were held to review videotapes of fifth grade student's play session, provide feedback of strengths and areas for growth, address group concerns, and provide additional training as needed.

Training After Play Session One

Facilitators explained how to build rapport through smiling and commenting on clothing while walking to the session. Facilitators reviewed limit setting and encouraged

fifth grade students to set limits on being handcuffed behind their back. Responses to kindergarten students' questions "why won't you play with me?" were demonstrated by facilitators.

Training After Play Session Two

The importance of liking the child and of focusing on the child rather than fidgeting with the toys was emphasized by the facilitators. Responses to requests to draw something were demonstrated.

Training After Play Session Three

Limit setting on staying in designated area was demonstrated. Facilitators encouraged an increase in identifying and reflecting feelings. Reflecting the intent of the child's behavior with statements such as "you're showing me you're strong" was explained.

Training After Play Session Four

Students were encouraged to increase tracking. Facilitators demonstrated how to respond to the kindergarten child's anger or annoyance at the fifth grade student. Students were encouraged to look for themes and changes in kindergarten children's behavior. Facilitators explained why fifth grade students should refrain from talking about kindergarten children in front of them.

Training After Play Session Five

Students were encouraged to increase tracking and reflection of feelings. Understanding meaning behind children's play activity was discussed. Facilitators and students also discussed the effect of temporary change of play session location on

kindergarten and fifth grade participants.

Training After Play Session Six

Students were encouraged to use the ultimate limit when necessary and to increase esteem building comments. The value of setting personal limits such as “I choose not to eat the Play Doh” was explained and demonstrated by the facilitators. Students learned that as they model personal limits the kindergarten child will learn that peer compliance is not necessary if it is uncomfortable or dangerous for self. Progress of increased bond between the kindergarten child and the fifth grade student was discussed.

Training After Play Session Seven

Students were encouraged to look at the kindergarten child’s face to identify feelings. Facilitators demonstrated how to handle a role given in fantasy play and emphasized the whisper technique as well as refraining from evaluative statements. Termination issues and preparation were introduced to the fifth grade students.

Training After Play Session Eight

Facilitators and students processed feelings of termination and identified changes in the play session routine, behavior, and the relationship. Video tapes of the fifth grade students taped during play sessions 6 and 7 were shown to the group of fifth grade students. Strengths related to the demonstration of basic skills of the individual students were identified. The students were asked to give feedback to the student on the tape.

Training After Play Session Nine

Termination concerns were addressed by the facilitators. Each fifth grade student identified changes in their kindergarten child and themselves. Video tapes of the fifth

grade students taped during play sessions 6 and 7 were shown to the group of fifth grade students. Strengths related to the demonstration of basic skills of the individual students were identified. The students were asked to give feedback to the student on the tape.

The fifth grade students in the experimental group received a total of 15 weeks of combined didactic training, application, and supervision between the months of September and December while school was in session. The fifth grade students conducted a total of 10 special play times with their assigned kindergarten student. The fifth grade students in the comparison group received no training and did not meet with an assigned kindergarten student except for video taping of play sessions prior to and following the completion of the project.

After completion of all 10 play sessions the parents of the fifth grade students in the experimental group and the students were invited to attend a follow-up meeting with the investigators. During the meeting the investigators summarized the strengths of the fifth grade students. In addition, the success of the program was highlighted. Segments of video tapes demonstrating the fifth grade students skills were shown to the parents. In addition, some of the fifth grade students were asked to tell the audience their impressions of the program, what they had learned, and how they felt the training had impacted them personally.

Trainers

Training in child-centered play therapy skills for the fifth grade students was provided by the researcher, an additional doctoral student, and a Regents Professor. The researcher and the doctoral student attended the University of North Texas. Both had

completed an introduction to play therapy course, an advanced play therapy course, a filial therapy course, a doctoral level practicum in play therapy, and a doctoral level internship in play therapy. Additionally, the researcher is a national certified counselor. The additional doctoral student is a Licensed Professional Counselor Intern in the state of Texas. The Regents Professor at the University of North Texas teaches an introduction to play therapy course, an advanced play therapy course, and a filial therapy course. He is a Licensed Professional Counselor and a Registered Play Therapist Supervisor. In addition, he is an internationally recognized expert in play therapy and has trained play therapists around the world.

Pretesting and post-testing videotaping procedures were conducted by the researcher and four other doctoral counseling interns from the Child and Family Resource Clinic at the University of North Texas. All researchers who conducted testing are therapists and had completed doctoral level training in child assessment.

Analyses of Data

Following the completion of the study, the pre and post training video tapes of fifth grade students working with kindergarten students were rated using the Measurement of Empathy in Adult-Child Interaction (MEACI). Tapes were coded by the researcher to insure that the raters did not know whether they were rating a pretest or posttest session, or an experimental or comparison group participant. Before the video tapes were rated, inter-rater reliability was established through three training sessions. Three doctoral students not involved in the study, who had advanced training in play therapy, blind rated the tapes following the training sessions. The doctoral students who

rated the tapes did not know if the tapes they were rating were from the pretesting or posttesting sessions, or if the tape demonstrated a control group or experimental group member. Training sessions were two hours in length and involved discussions and collaborative rating following the procedure outlined by Stover et al. (1971). Inter-rater reliability was also checked midpoint of the scoring process and again at the end of the scoring process. A coefficient of reliability, chronbach's alpha, was used to calculate inter-rater reliability. Table 3 contains the resulting reliability coefficients.

Table 3

Inter-rater reliability for Measurement of Empathy in Adult-Child Interaction (MEACI)

	Session 1 Pre-coding	Session 2 Midpoint	Session 3 Post
Reliability Coefficients	.9979	.9984	.9990

An analysis of covariance (ANCOVA) was computed to test the significance of the difference between the experimental group and the control group on the adjusted posttest means for each hypotheses. In each case the posttest specified in each of the hypotheses was used as the dependent variable and the pretest as the covariate.

ANCOVA was used to adjust the group means on the posttest on the basis of the pretest, thus statistically equating the comparison, and experimental groups. Significance of the difference between means was tested. On the basis of the ANCOVA, the hypotheses were retained or rejected.

Chapter III

RESULTS AND DISCUSSION

This chapter presents the results of the analysis of data for each hypothesis tested in this study. Also included is a discussion of the results, implications, and recommendations for future research.

Results

The results of this study are presented in the order the hypotheses were tested. Homogeneity of regression slopes were tested to ensure the data met the basic assumptions for an analysis of covariance and found not to be significant. Analyses of covariance were performed on all appropriate data to test the hypotheses. A level of significance of .05 was established as a criterion for either retaining or rejecting the hypotheses.

Hypothesis 1

Subjects in the experimental group will attain a significantly lower mean total score on the Measurement of Empathy in Adult-Child Interaction (MEACI) posttest than will subjects in the control group.

Table 4 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 5 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean score.

Table 4

Mean total empathy scores of the experimental and control groups on the Measurement of Empathy in Adult-Child Interactions (MEACI)

	<u>Experimental Group n=12</u>		<u>Control Group n=11</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	50.179	26.742	53.359	42.709
<u>SD</u>	9.088	5.979	10.445	9.119

Total cases = 23

Note. A decrease in the mean score indicates an increase in empathy.

Table 5

Analysis of covariance of the experimental and control groups for the mean total empathy scores on the Measurement of Empathy in Adult-Child Interactions (MEACI)

Source of Variation	Sum of Squares	Mean df	<u>F</u> Square Ratio	Sign Of <u>F</u>	Effect Size	Power
Group	1455.213	1	1455.213	23.896	.000	.544 .996
Covariate	6.809	1	6.809	.112	.742	.006 .062
Error	1217.934	20	60.897			

Total cases = 23

Table 5 shows the F ratio for the main effects was $<.001$, indicating a significant increase in the experimental groups' empathic interactions with young children during observed play sessions. Table 5 shows an effect size of .544. The effect size is an estimate of the magnitude of the difference, relationship, or effect in the population being studied. Greater observed differences, relationships, or effects will produce lower p values (Gall, Borg, & Gall, 1996). Effect size magnitude, conventional definitions have been offered by Cohen (1977). According to the conventional definition, Table 5 indicates a large effect size. On the basis of this data, hypothesis 1 was retained.

Hypothesis 2

Subjects in the experimental group will attain a significantly lower mean score on the Communication of Acceptance Subscale of the MEACI posttest than will subjects in the control group.

Table 6 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 7 presents the analysis of covariance data, showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 6

Mean scores of the experimental and control groups for the Communication of Acceptance Subscale on the Measurement of Empathy in Adult-Child Interactions (MEACI)

	<u>Experimental Group n=12</u>		<u>Control Group n=11</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	16.446	11.8333	18.923	14.754
<u>SD</u>	3.004	4.107	6.145	3.54
Total cases = 23				

Note. A decrease in the mean score indicates an increase in empathy.

Table 7

Analysis of covariance of the experimental and control groups for the mean scores for the Communication of Acceptance Subscale on the Measurement of Empathy in Adult-Child Interactions (MEACI)

Source of Variation	Sum of Squares	Mean df	<u>F</u> Square Ratio	Sign Of <u>F</u>	Effect Size	Power
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Group	36.546	1	36.546	2.408	.136	.107	.315
Covariate	7.291	1	7.291	.480	.496	.023	.101
Error	303.508	20	15.175				

Total cases = 23

Table 7 shows that the F ratio for the main effects was $>.05$, indicating that there was no significant increase in the experimental groups' communication of acceptance of young children's feelings and behaviors during observed play sessions. Table 7 shows an effect size of .107. According to the conventional definition, Table 7 indicates a small effect size. On the basis of this data, hypothesis 2 was not retained.

Hypothesis 3

Subjects in the experimental group will attain a significantly lower mean score on the Allowing the Child Self-direction Subscale of the MEACI posttest than will subjects in the control group.

Table 8 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 9 presents the analysis of covariance data showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 8

Mean scores of the experimental and control groups for the Allowing Self-direction Subscale on the Measurement of Empathy in Adult-Child Interactions (MEACI)

<u>Experimental Group n=12</u>		<u>Control Group n=11</u>	
Pretest	Posttest	Pretest	Posttest

Mean	19.733	6.867	19.127	15.336
<u>SD</u>	4.797	2.012	4.337	2.403

Total cases = 23

Note. A decrease in the mean score indicates an increase in empathy.

Table 9

Analysis of covariance of the experimental and control groups for the mean scores on the

Allowing Self-direction Subscale Measurement of Empathy in Adult-Child Interactions

(MEACI)

Source of Variation	Sum of Squares	Mean df	<u>F</u> Square Ratio	Sign Of <u>F</u>	Effect Size	Power
Group	406.513	1	406.513	80.539	.000	.801 1.000
Covariate	1.344	1	1.344	.266	.612	.013 .078
Error	100.948	20	5.047			

Total cases = 23

Table 9 shows that the F ratio for the main effects was <.001, indicating a significant increase in the experimental groups' acceptance and behavioral willingness to follow young children's lead rather than attempt to control their behavior during observed play times. Table 9 shows an effect size of .801. According to the conventional definition, Table 9 indicates a large effect size. On the basis of this data, hypothesis 3 was retained.

Hypothesis 4

Subjects in the experimental group will attain a significantly lower mean score on the Involvement Subscale of the MEACI posttest than will subjects in the control group.

Table 10 presents the pre and posttest means and standard deviations for the experimental and control groups. Table 11 presents the analysis of covariance data and showing the significance of difference between the experimental and control groups' posttest mean scores.

Table 10

Mean scores of the experimental and control groups for the Involvement Subscale on the Measurement of Empathy in Adult-Child Interactions (MEACI)

	<u>Experimental Group n=12</u>		<u>Control Group n=11</u>	
	Pretest	Posttest	Pretest	Posttest
Mean	14.000	8.042	15.309	12.618
<u>SD</u>	3.240	2.179	2.885	3.871

Total cases = 23

Note. A decrease in the mean score indicates an increase in empathy.

Table 11

Analysis of covariance of the experimental and control groups for the mean scores on the Involvement Subscale on the Measurement of Empathy in Adult-Child Interactions (MEACI)

Source of Variation	Sum of Squares	Mean df	<u>F</u> Square Ratio	Sign Of <u>F</u>	Effect Size	Power
Group	131.916	1	131.916	13.957	.001	.411 .944
Covariate	13.014	1	13.014	1.377	.254	.064 .201

Error	189.032	20	9.452
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Total cases = 23

Table 11 shows the F ratio for the main effects was $<.005$, indicating a significant increase in the experimental groups' attention to and participation in young children's play during observed play times. Table 11 shows an effect size of .411. According to the conventional definition, Table 11 indicates a medium effect size. On the basis of this data, hypothesis 4 was retained.

Discussion

The results of this study, along with participants' comments and the observations of the facilitators and other doctoral student, provide information regarding the effectiveness of the training of fifth grade students in child centered play therapy skills and procedures to facilitate 10 weekly play sessions with kindergarten children who had been identified with adjustment disorders. Of the four hypotheses, three were retained and one was rejected. An interpretation of all scores is provided in the following section.

Empathy in Adult-Child Interaction

As revealed in Tables 4 and 5, the experimental group of fifth grade students demonstrated statistically significant increases in empathic behavior, observed during play times with children, as recorded by the measurement of Empathy in Adult Child Interaction (MEACI). The experimental group's mean total empathy score on the MEACI decreased by over 23 points while the control group's mean total score

decreased by over 10 points. It is important to note that a decrease in these scores indicates an increase in empathic behavior. These results are noteworthy because they are based on direct observation of specific skills by trained professionals rather than self-report measures.

The increase in the experimental group's mean total empathy score indicates that the fifth grade students' sensitivity to the kindergarten child's feelings and their ability to communicate this understanding to the kindergarten child increased following the training sessions (Stover et al, 1971). Trained professional supervisors who had observed the fifth grade students with the kindergarten children during play times stated that the fifth grade students reflections of the kindergarten children's feelings of happiness, pride, sadness, anger, and fear became more frequent as the number of sessions increased. In addition, the supervisors also indicated that the fifth grade students' rate of tracking, and not asking questions improved considerably between the pre and the post testing. Some examples of the observations which support the statements of the trained supervisor included, "Elizabeth" asked her fifth grade facilitator during the fourth play session, "Are you my best friend?" "Susanna" exclaimed to her fifth grade facilitator during the third play session, "Know what I'm going to draw on top of this heart? You!" During the fifth session, "Ray," an active and restless kindergarten boy, sat down and made a tea party for his fifth grade facilitator. At the end of the project, when the supervisor reflected to "John" who was frequently disruptive in the classroom and play session that he will miss his fifth grade partner, "John" replied with a heavy sigh, "Yeah, "Esther" is a good girl."

These positive relationships appeared to be a meaningful experience and to inspire positive behavior change within the kindergarten children who received play sessions (Baggerly, 1999).

Fifth grade students in the experimental group during the post testing time were asked to respond in writing to the following two questions, “Tell what you learned about yourself during your time with the kindergarten program,” and “Tell about any changes that you have noticed in yourself/behavior/attitudes/ideas, etc. during your time with the kindergarten program.” Some responses to the first question included, “I learned to be careful what to say,” “That I am really special in somebody’s life and I can help,” and, “I can learn from kindergartners. What they play is their language. We can hear from our eyes by watching what they do.” Responses to the second question included, “I think I have become more mature than before,” “I was shy at the beginning but now “James” and I are friends and get along,” “My attitude changed a lot from bad to good”, “I have become more patient than I was before.”

The school counselor noted that a positive relationship developed between the paired kindergarten child and the fifth grade student. Benefits of the empathic relationship were identified by the school counselor as: (a) the fifth grade student was a positive role model in the school environment, (b) a sense of belonging was created for kindergarten children who frequently experienced peer exclusion due to their adjustment difficulties, and (c) the needed one on one attention was given by the attentive, caring fifth grade student.

A survey form was sent to the parents of the fifth grade students in the

experimental group during the post testing time. The survey asked parents to respond in writing to the question, “Tell about any changes that you have noticed in your fifth grade student’s behavior/attitude/ideas, etc during their participation in the Kindergarten Adjustment Program.” One parent responded by saying, “My child is more responsible following the program.” Another parent responded by stating, “He realizes everyone is entitled to negative feelings but that does not entitle them to negative (aggressive) behavior.”

The impact of the experimental group of fifth grade students significant increases in empathic behavior was felt by the kindergarten children and fifth grade students themselves, as well as observed by trained professionals, the school counselor, and the fifth grade students’ parents. These results confirm there is a reciprocal advantage of the training for both the fifth grade students and the kindergarten children. These results are similar to those found when parents, teachers, and college students were trained in filial therapy and had play times with individual children (Brown, 2000; Costas & Landreth, 1999; Bratton & Landreth, 1995; Harris & Landreth, 1995; Kranz, 1972; Andronico & Guerney, 1967).

Communication of Acceptance in Adult-Child Interaction

As revealed in Tables 5 and 6, the experimental group of fifth grade students demonstrated no statistical significant increase in communication of acceptance as observed during play times with kindergarten children as recorded by the Measurement of Empathy in Adult-Child Interaction (MEACI). The experimental group’s mean score on the Communication of Acceptance Subscale on the MEACI decreased by over 4

points and the control group's mean score decreased by slightly over 4 points. These results indicate that the experimental group did not differ from the control group on the post-test measure.

The lack of statistical significance between the experimental and control group's mean scores on the Communication of Acceptance in Adult-Child Interaction Subscale indicates that the fifth grade students' verbal expression of acceptance-rejection of the kindergarten child did not change following the training sessions (Stover et al, 1971).

Although the amount of change that occurred on demonstrated level of acceptance as a result of training was not statistically significant, trained supervisors did observe the fifth grade students in the experimental group demonstrating communication of acceptance during the weekly play times. The ability of students in the experimental group to accurately identify and reflect the feelings and track the behaviors of their assigned kindergarten students did increase through the course of the project. In addition, the "feelings words" vocabulary of the fifth grade students in the experimental group increased. For example, when "Oscar" a kindergarten child who had a history of aggression threatened to knock off his fifth grade facilitator's glasses, the facilitator set a therapeutic limit, and then patiently reflected "Oscar's" feelings of anger and aggression. "Oscar" responded by hiding for four minutes and then began playing with the toys in a calm manner.

"Stacey," a kindergarten child, hid under a desk in the corner of the play area for the first five minutes of a session. Her fifth grade facilitator patiently waited and tracked her behavior. In her own time, "Stacey" came out from under the desk, played with the

toys, faced the fifth grade facilitator, and initiated conversation. The fifth grade student's patient response communicated to "Stacey" that all parts of herself, even the reluctant, scared parts, were totally accepted.

In the posttest play sessions, the supervisors observed some fifth grade students in the control group utilizing social communication with their kindergarten children. The limited demonstration of skills related to communication of acceptance by the fifth grade students in the control group may be due in part to the cognitive developmental nature of children at age 11 and 12. This cognitive developmental factor of fifth grade age children may have contributed to the lack of statistically significant results in communication of acceptance as recorded by the Measurement of Empathy in Adult-Child Interaction (MEACI).

Allowing Self-Direction in Adult-Child Interaction

As revealed in Tables 8 and 9, the experimental group of fifth grade students demonstrated statistically significant increases in allowing self direction in young children as observed during play times with children as recorded by the Measurement of Empathy in Adult-Child Interaction (MEACI). The experimental group's mean score on the Allowing Self-Direction Subscale on the MEACI decreased by over 12 points while the control group's total mean score decreased by over 3 points. It is important to note that a decrease in these scores indicates an increase in empathic behavior.

The increase in the experimental group's mean scores on the Allowing Self-Direction in Adult-Child Interaction Subscale indicated that the fifth grade students' willingness to follow the kindergarten child's lead rather than trying to control the child's

behavior increased following the training sessions (Stover et al, 1971).

The trained supervisors frequently observed the fifth grade students in the experimental group applying play therapy skills that facilitated the kindergarten child's self-direction, autonomy, creativity, and problem solving skills. For example, "Jean" a kindergarten child asked for some handcuff keys from her fifth grade facilitator who responded, "I know you'd like some but today there are not any." Unsatisfied, "Jean" came to the researcher who directed her back to her area. Perplexed, "Jean" relied on her own creativity and figured out how to open the handcuffs without the keys. Hence, the kindergarten child experienced self empowerment from her increased self reliance. Demonstration of returning responsibility to the kindergarten child was demonstrated by a fifth grade student when "Joni" asked, "Are you five years old too?" The fifth grade student replied, "I can be five if you want me to be."

Initially, the fifth grade students had a strong desire to direct the activity of the kindergarten children's play and use the materials in the way that they wanted to. During the course of training and play times, the fifth grade students in the experimental group were able to follow the child's lead and demonstrate and apply the skills they had been taught in a very concrete manner.

The fifth grade students experienced difficulty in generalizing some of the principles. For example, when a kindergarten child asked a fifth grade student, "What bus do you ride?" the fifth grade facilitator responded, "Whatever bus you want me to ride." This fifth grade student's inability to discriminate an appropriate response revealed her concrete operational thinking. This concrete method of applying the skills

was observed by the trained supervisors as a means by which the relationship between the fifth grade student and the kindergarten child deteriorated from that of a “playful” and “natural” relationship to that of a “concrete” one. This concrete behavior is indicative of the cognitive development of children aged 11 and 12.

The demonstrated willingness after the training of fifth grade students in the experimental group to follow the kindergarten child’s lead rather than trying to control the child’s behavior is similar to the results found when parents, teachers, and college students were trained in filial therapy and had play times with individual children (Brown, 2000; Costas & Landreth, 1999; Bratton & Landreth, 1995; Harris & Landreth, 1995; Kranz, 1972; Andronico & Guerney, 1967).

Level of Involvement in Adult-Child Interaction

As revealed in Tables 10 and 11, the experimental group of fifth grade students demonstrated statistically significant increases in attention to and participation in young children’s play as observed during play times with children as recorded by the Measurement of Empathy in Adult-Child Interaction (MEACI). The experimental group’s mean score on the Involvement Subscale on the MEACI decreased by over 5 points while the control group’s mean score decreased by over 2 points. It is important to note that a decrease in these scores indicates an increase in empathic behavior.

Although the behaviors and responses of students in the experimental group demonstrated statistical significance in involvement with young children, this Subscale changed by the least number of points when compared to the difference of points

between pre and post testing on the Allowing Self-Direction in Adult-Child Interaction Subscale. It is important to understand the high scores on the Involvement Subscale in and of themselves are not necessarily an indication of empathy with young children. A fifth grade student may have been highly involved in the child's play but may not have demonstrated the other two skills necessary for empathic behavior. Based on observations by the researcher and trained supervisors, this type of behavior occurred very early in the training program for the fifth grade students in the experimental group.

As the training continued supervisors reported that the fifth grade students in the experimental group were very observant of the kindergarten child and did pay attention to the child through verbal tracking and non verbal behavioral responses. A specific example of this was demonstrated by "John" a fifth grade facilitator in the experimental group who was paired with "Christine" a selectively mute kindergarten child who often displayed a frown. During the first two sessions, "Christine" played in total silence with only the animals as her fifth grade facilitator patiently tracked her behavior. In the third session, "Christine" expanded her play behavior by making the zebra and giraffe hit the face of the blow up punching doll. In the fourth session, she increased her verbalizations by making animal sounds such as hissing and mooing. She expressed aggression in the fifth session by having the domestic animals smash the alligator's head as the fifth grade facilitator appropriately responded, "It's mad." In the sixth session, "Christine" continued verbalization of animal noises, expressed anger by throwing animals against the wall, and demonstrated an increase in pleasure as indicated by numerous smiles. Expansion of the use of toys was observed in the seventh session as she made the ball

crush the alligator and touched the gun for the first time. In the ninth session she shot the gun at the divider and played with money for the first time; and in the tenth session she played with the egg carton. Given that toys are children's words and play is their language, this selectively mute kindergarten girl "spoke" volumes through her play as she explored her world in the safe environment that her fifth grade facilitator provided. In addition, in the tenth session, "Christine" sustained her increase of verbalizations by making the cow "moo." The progress in this selectively mute girl as a result of her fifth grade facilitator's implementation of child-centered play therapy procedures and skills for ten weeks is quite notable especially since cognitive behavior therapy experts indicate treatment of selective mutism requires one to two years of therapy by a trained child psychologist or counselor (Schaefer, 1998).

The doctoral student who scored "John's" post test taped play session stated, "John focused on the child, but as the session progressed his non-verbal behavior indicated he may be feeling bored." It is important to note that the doctoral student who scored, "John's" pre test taped play session stated, "John was involved in his own play, and brought out new toys on his own." The difference in "John's" response to his selectively mute kindergarten child was a typical example of the fifth grade students in the experimental group ability to learn the verbal tracking and the non-verbal responses, however, the idea of the fifth grade students was that, "in order to be involved, they too had to play with the toys." In the posttest time "John" was asked to respond in writing to the question, "What was your least favorite part of the program?" "John" responded, "I would change the part where we can't play with the kindergarten child."

At times, other fifth grade students in the experimental group stated that they too would like to play with the toys, and at times were observed yawning and acting as though they felt “bored” with the kindergarten child’s play. The fifth grade students’ behavior may be representative of the fact that the fifth grade students were in a stage of psychosocial development that indicated they would like to participate in a concrete manner in the play. Due to their concrete operational thinking they were unable to feel as though they were an active participant through behavioral observation and verbal tracking responses only. Their belief was, “in order to be involved” they themselves must actually play with the toys.

During the post test session, the fifth grade student’s in the experimental group were asked to respond in writing to the questions, “What would you change about the kindergarten program?” and “What was your least favorite part of the program?” Many of the fifth grade students in the experimental group responded to these questions with answers such as, “Not being able to play with them,” “Sitting there and not being able to play,” and “I would change the part where we can’t play with them.” In addition to the comments generated by the fifth grade students, a parent of a fifth grade student originally participating in the experimental group sent a letter to the researcher and indicated she would like her child removed from the training program because the child was very unhappy due to the fact that she could not teach or initiate the play with the kindergarten child.

Observations Related to Fifth Grade Students Limit Setting Techniques

The setting of limits with young children is a necessary skill. Limits provide

structure for the development of the relationship and help to ground the relationship in reality (Landreth, 1991). “Without limits a relationship would have little value” (Landreth, 1991, p. 209). The fifth grade students in the experimental group were taught the A.C.T. model of limit setting (Landreth, 1991). In this model, A is the step in which the facilitator, “Acknowledges the child’s feelings, wishes, and wants”; C is the step in which the facilitator, “Communicates the limit” and T is the step in which the facilitator, “Targets acceptable alternatives” (Landreth, 1991, p. 223).

Limit setting was one of the most difficult skills for the fifth grade students in the experimental group to master and demonstrate. Prior to the training of the experimental group fifth grade students in the use of the A.C.T. model, they responded to the kindergarten childrens’ acting out behavior with comments such as, “I don’t think you want to do that”, and “Don’t do it again”. These responses were considered by the observers as the “natural method” of setting a limit. Throughout the course of the 10 play sessions, the fifth grade students in the experimental group struggled to incorporate all three steps of the model when setting limits. Acknowledging the kindergarten child’s feelings and targeting alternative behaviors were steps not utilized most of the time. In most cases, the fifth grade students in the experimental group were able to, “communicate the limit”. The inability to utilize all three steps in the limit setting model was another example of the concrete operational thinking of fifth grade student’s aged 11-12. Concrete operational thinking allowed the fifth grade students in the experimental group to set the limit “naturally”, as opposed to applying the A.C.T. model of limit setting. The fifth grade students in the experimental group were asked to respond

in writing during the post testing to the question, “What was your least favorite part of the program?”. Many of the fifth grade students responded with the answer, “Setting limits.” The students’ response to the question supported the idea that limit setting utilizing the three step model was difficult in part due to the students’ cognitive developmental stage of concrete operational thinking.

Limitations

The following limitations are offered as possible confounding issues in this present study.

Small Sample Size

The sample size of this research study was small (experimental group $n=12$; control group $n=11$). Additionally, an increased sample size would boost the power in retained hypotheses and validate significant findings.

Gender Imbalance

The gender balance was unequal in the research study. The limited number of boys available to be placed in either the control group, or the experimental group did not allow the gender of the participants to be balanced between the control group and the experimental group. The number of girls placed in both groups was larger than the number of boys. This unequal distribution may have contributed to a gender bias in the study.

Limited Relationship Period

Although the small sample size of this research project may have contributed to the lack of significant findings on the Communication of Acceptance Subscale on the

Measurement of Empathy in Adult-Child Interactions (MEACI), research studies which have trained parents in child-centered play therapy procedures have produced significant results even with a small experimental group size below 15 (Chau, 1996; Kale, 1997; Yuen, 1997). This difference in significant findings suggests that parents who were trained in filial therapy may have been more effective in their play sessions due to their pre-existing relationship, their personal investment with their own children, the intervention into their own family dynamics, the influence on the parents' perceptions of their children, and their cognitive developmental level. The short term relationship between fifth grade students and the kindergarten children which existed for only 10 weeks may have limited significant findings. Hence, to develop an invested, long term relationship which will yield more effective results, this model of utilizing fifth grade students as facilitators may need to build in twice as many play sessions as originally planned.

Cognitive Limitations

Cognitive limitations of fifth grade students may have also been a contributing factor preventing similar findings to other research studies which trained adults in play therapy procedures. Evidence of limited problem solving skills, inability to discern appropriate interactions, and inability to apply skills in novel situations was observed during the play sessions. For example, fifth grade students were taught to return responsibility and facilitate creativity by responding to a child's questions such as "What is this toy?" with "Whatever you want it to be." When one kindergarten girl tried to get to know her fifth grade facilitator better by asking, "What bus do you ride?", the fifth

grade facilitator responded “Whatever bus you want me to ride.” This fifth grade student’s inability to discriminate an appropriate response revealed her concrete operational thinking. Since adults have formal operational thinking, they may more readily implement play therapy procedures and thus promote children’s change in a shorter period of time than the fifth grade students.

Participant Selection

The participant selection was limited to fifth grade students from one elementary school located in North Texas. This limits the ability to generalize the results to other populations.

Sample Bias

The first fifteen kindergarten children who turned in their parent permission slips were assigned to the experimental group. The experimental group may have had a disproportion of severe symptoms because parents who had more concerns about their children’s behavior may have turned in their permission slips first. The severity of the experimental group’s need was verified by the school counselor who commented that the children in the experimental group were the children with the most behavioral concerns (Baggerly, 1999).

Implications

The filial therapy training model equipped the fifth grade students with developmentally appropriate ways to relate to kindergarten children. The skills the fifth grade students developed from the training, increased their empathic behavior towards

kindergarten children and allowed them to develop more meaningful relationships with kindergarten children with adjustment difficulties. In addition, fifth grade students in the experimental group were observed to be more self confident throughout the project. One fifth grade student stated, “I use to let my friend boss me around, but now I set limits with her.” Other fifth grade students reported using child-centered play therapy skills at home, “I use these things with my little sister, and she behaves better.” One fifth grade boy’s parent who is a school principal said, “My mom is impressed with all that I’m learning and says she wished she had learned it at my age.”

Along with positive changes in fifth grade students, several other benefits occurred as a result of implementing this project. Although, not statistically significant, positive trends in kindergarten children’s self concept and behavior were observed (Baggerly, 2000). According to Baggerly’s (2000), “The positive trends as well as the observations by the researcher, school counselor, and teachers support the continued implementation of play sessions between kindergarten children who have adjustment problems and fifth grade students who have been trained in child-centered play therapy procedures and skills.”

The school counselor also received benefits. His resources and time were maximized since this project provided therapeutic intervention for referred kindergarten children and positive communication skills for fifth grade leaders. With an investment of just four hours a week (1 hour to train fifth grade student, 2 hours to supervise sessions, and 1 hour for coordination or preparation time), kindergarten children who may have otherwise, “fallen through the cracks” received therapeutic services.

In addition, a positive sense of the school community was developed through this project. Fifth grade students and kindergarten students increased their social interaction with each other. For example, kindergarten students would exclaim to their fifth grade facilitator, “I saw you on the bus today.” Also, collaboration between fifth grade teachers and kindergarten teachers increased throughout the time period of the project.

Many parents of the fifth grade students stated that their children commented around the dinner table about what they had learned in training, and their desire to be teachers when they grew up. Additionally, some parents indicated that their fifth grade children had developed a sincere understanding of children younger than themselves, something they did not possess prior to the training and play sessions with the kindergarten child.

There are many young children who would benefit from mental health services and the training of fifth grade students in child-centered play therapy procedures and skills is one way to meet the increasing needs. By using this model of training, fifth grade students can meet the needs of those young children who are unable to be served by the school counselor, due to time constraints and the number of children in need. Implementation of a training program for fifth grade students would also contribute to increasing the self esteem of the fifth grade students at a time in their life when psychosocial development is a prominent task. The number of children that receive services through this type of a school program would greatly increase.

Recommendations

Based on the results of this study, the following recommendations are offered:

1. This training model should be implemented in elementary schools.
2. Conduct a replication of this study using a larger sample size that represents a more diverse population. A larger sample size would increase the power of statistical measures and allow matching subjects for gender and ethnicity.
3. Administer a pre test and a post test assessment to measure the fifth grade students level of cognitive development. This would allow for the researcher to appropriately modify the training to meet the cognitive developmental needs of the fifth grade students.
4. Increase the number of play sessions from 10, to perhaps two sessions per week for one semester or once-a-week for the duration of the year. This increased frequency would allow the fifth grade students to form a deeper committed, and invested relationship with the kindergarten children.
5. Allow the fifth grade students time in advance of play sessions with the kindergarten child to play with and become familiar with the play materials.
6. Allow the fifth grade students the opportunity to participate in their own individual play therapy experience prior to the students participating in the filial therapy training sessions.
7. Adapt the child-centered play therapy training model by (a) providing three to four training sessions a week for 5 weeks, (b) allowing twice as much time for role playing, and (c) giving concrete examples to accommodate the fifth grade students' cognitive limitations.
8. Develop and implement a developmentally appropriate assessment tool that would

allow the researcher to obtain a concrete measurement of the impact of the training on the self esteem of the fifth grade students.

9. Conduct a follow up study to ascertain the implication of the training on fifth grade students at a time period 6 months, 12 months, and 24 months following the initial training. Knowledge concerning the impact of the training on the fifth grade students' psychosocial development, as well as on their ability to maintain the skills and incorporate them into their life style would allow the researcher to gain an understanding of the long term effects of the training program.

Concluding Remarks

This project was the first in the country to attempt to address kindergarten children's adjustment difficulties through play sessions with fifth grade students trained in child-centered play therapy procedures and skills. The statistically significant increases in the fifth grade students' empathy with the kindergarten children, allowing the child self direction, and involvement with the kindergarten children, and the positive trend observed in the acceptance of kindergarten children illustrates the need for continued implementation of filial therapy training with fifth grade students. The information presented in the recommendations will add to the future success of similar projects.

APPENDIX A
RESEARCH INFORMATION AND INFORMED CONSENT

August 17, 1998

SPECIAL PROGRAM TO TRAIN FIFTH GRADE STUDENTS IN HELPING
AND LEADERSHIP SKILLS:
INFORMATION FOR PARENTS OF FIFTH GRADE STUDENTS

Dear Parent,

McNair Elementary School is beginning a special program to train selected fifth grade students in helping and leadership skills. Your child has been nominated to participate in this special program which will consist of forty five minute training sessions twice a week during the school day for four weeks. The training sessions will focus on instruction in listening and responding skills and limit setting. Following the training, each fifth grade student will be paired with a McNair Elementary school kindergarten student for one special structured thirty minute playtime each week for ten weeks.

The purpose of these play sessions is to help kindergarten children adjust to the school environment. The training sessions and special structured play times will be scheduled at a time when the fifth grade students will not be involved in academic course work.

The opportunity for your child to participate in this new innovative experience is on a completely volunteer basis. There is no personal risk or discomfort directly involved with this study. In order to evaluate the strength and impact of this training program, your child's structured play time with the kindergarten student will be video taped before the start of the program, and again, one time for thirty minutes at the completion of the training program. In addition, you and your child will be asked to complete some questionnaires prior to and following the training program. You and/or your child may choose to withdraw at any time. Your decision whether or not to participate in this research study will in no way affect your child's standing in his or her classes at school.

The information you provide when you answer the questionnaires will be kept confidential. Your name and your child's name will not be disclosed in any publication or discussion of this material. Information obtained from the questionnaires will be recorded with a code number. Only the investigators, and Dr. Garry Landreth will have a list of participants' names. At the conclusion of this study the list of participants names will be destroyed. The two taped play sessions with your child will be viewed only by graduate research assistants. The research assistants will have no knowledge of participants' names and they will be made aware that the confidentiality of participants is to be maintained.

If you agree for your child to participate, please fill out the enclosed consent form. Enclosed you will find a calendar of the anticipated dates for each phase of the study. This training program is under the direction of Dr. Garry Landreth, Regents Professor in the Department of Counselor Education at the University of North Texas. If you have any questions regarding the program and/or the training process, please do not hesitate to contact, Mr. Kevin Moffitt, counselor at McNair Elementary School (940) 383-4744, Dr. Garry Landreth, UNT Faculty Supervisor (940) 565-2916, or Jennifer Baggerly, UNT Doctoral Student (940) 565-3864.

We appreciate your interest and look forward to getting to know you and your child.

Sincerely,

Jennifer Baggerly

Review Board for the protection of human subjects (940) 565-3940.

**PARENT INFORMATION
FOR KINDERGARTEN ADJUSTMENT PROGRAM**

Dear Parent,

August 19, 1998

You and your child are invited to participate in a special program at McNair Elementary School to help kindergarten children adjust to the school environment. This program consists of 10 once-a-week 30 minute individual, special structured play times with a fifth grade student who is trained and supervised by a school counselor. This program is designed to increase your child's self-esteem, self-direction, and self-confidence.

This program is part of a study to determine the effectiveness of special structured play sessions with kindergarten children led by trained and supervised fifth grade students. The program is under the direction of Dr. Garry Landreth, Regents Professor in the Department of Counselor Education at the University of North Texas. The coordinators of this program, Jennifer Baggerly and Julie Ziegler, are trained and experienced Play Therapists and Doctoral Candidates at the University of North Texas.

Your participation and your child's participation is completely voluntary. If you choose to participate, you will be asked to complete three questionnaires before and after a ten week period. Your child will be asked to participate in a twenty minute videotaped play session with the fifth grader before and after the ten week period, to participate in a twenty minute play session once a week for ten weeks during the school day, and to complete two screening instruments administered by a trained professional. Your child's teacher will also be asked to complete a questionnaire before and after the ten week period.

The information you provide when you and your child answer the questionnaires will be kept confidential. Your name and your child's name will not be disclosed in any publication or discussion of this material. Information obtained from the questionnaires will be recorded with a code number. Only the coordinators, the school counselor, and the teachers of the children in the program will have a list of the participants names. The video taped play sessions of your child will be viewed only by graduate research assistants. The research assistants will have no knowledge of participants' names and they will abide by the same confidentiality standard. The only exceptions to confidentiality are a) the child discloses abuse, neglect, or exploitation, b) the child is a danger to himself/herself or to someone else, c) a court orders disclosure of information, or d) the parent or legal guardian requests release of information.

Participants in the program will be randomly selected to be in either the group receiving play sessions or the group not receiving play sessions. If your child is not selected to receive the play sessions, your name will be placed on a waiting list and you will be contacted regarding other play session options that you may pursue after the completion of the ten week study.

There is no personal risk or discomfort directly involved with this study. You and/ or your child may choose to withdraw at any time without penalty or prejudice. Your decision whether or not to participate will in no way affect your child's standing in his or her classroom or school. At the conclusion of the study, a summary of group results will be made available to all interested parents and teachers.

If you agree to participate, please fill out and sign the attached consent form. For further information, please contact, Kevin Moffitt, McNair School Counselor at (940) 383-4744, or Jennifer Baggerly, Researcher, at (940) 565-3864, or Dr. Garry Landreth, Faculty Supervisor, at (940) 565-2916. Thank you for your cooperation. We look forward to getting to know you and your child.

PARENT INFORMED CONSENT FOR KINDERGARTEN ADJUSTMENT PROGRAM

You are making a decision whether or not to participate in this program. You should not sign until you understand all the information presented in the attached letter and until all your questions about the program have been answered to your satisfaction. You understand that participation is voluntary and you and/or your child may choose to withdraw at any time during the program. Your signature indicates that (1) you have read the information in the attached letter, (2) you and your child have decided to participate, and (3) you will meet all the requirements for participation as indicated below.

REQUIREMENTS FOR PARTICIPATION

- (1) Parent(s) and their kindergarten child are willing for the kindergarten child to participate in ten once-a-week twenty minute play sessions with a trained fifth grade student.**
- (2) Parent(s) and their kindergarten child are willing for the kindergarten child to be video taped in some play sessions.**
- (3) The family must be planning to remain in McNair Elementary School through December of 1998.**
- (4) The kindergarten child and parent(s) are not currently receiving counseling.**
- (5) Parent(s) and the kindergarten child must be able to complete assessments before and after the project.**
- (6) Parent(s) must be able to read, write, and speak the English language and the kindergarten child must be able to speak the English language.**

Signature of Parent or Legal Guardian	Date
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Printed Name of Parent or Legal Guardian
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Signature of Kindergarten Child	Date
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Printed Name of Kindergarten Child Age
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Signature of Witness	Date
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Signature of Researcher	Date
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This program has been reviewed and approved by the University of North Texas Institutional Review Board for the protection of human subjects (940) 565-3940.

APPENDIX B
KINDERGARTEN STUDENT REFERRAL FORM

**McNAIR ELEMENTARY SCHOOL
KINDERGARTEN ADJUSTMENT PROGRAM
STUDENT REFERRAL FORM**

The Kindergarten Adjustment Program provides kindergarten students 10 thirty minute, individual special play sessions with a selected, trained, and supervised fifth grade student. The benefits to participating kindergarten children are:

- Increased Self-Esteem
- Increased Self-Direction
- Increased Self-Confidence
- Increased Self-Control
- Increased Social Skills
- Decreased Dependency
- Decreased Behavioral Difficulties

To nominate kindergarten children for this program, please identify students who meet at least one of the following criteria:

The child demonstrates:

- A. Shy behavior
 - B. Withdrawn behavior
 - C. Anxious behavior (fearful, self conscious, nervous)
 - D. Somatic complaints (stomach ache, dizzy)
 - E. Depressed behavior (cries excessively, sad, loner)
 - F. Inattentive behavior (doesn't concentrate, day-dreams)
 - G. Aggressive behavior (temper, screams, fights)
 - H. Social problems (teased, doesn't get along with others)
- OR

The child has experienced a life change within the last year such as:

- I. Parents divorce
- J. Death in the family
- K. Family Move
- L. New Sibling

Please give your nominations of children to Kevin Moffitt, School Counselor, by **Friday, August 14.**

Please send home Parent Survey Forms with each child on **Monday, August 31.** Please collect all Parent Survey Forms and give them to Kevin Moffitt by **Friday, August 14.**

APPENDIX C
MEASURE OF EMPATHY IN ADULT-CHILD INTERACTIONS RATING FORM

MEASUREMENT OF EMPATHY IN ADULT-CHILD INTERACTION

Rating Form

Rater:	Video Tape Code #:
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Communication of Acceptance verbal expression of acceptance / rejection

1. Verbally Conveys Acceptance of Feelings. *You're proud of..., You really like..., That makes you angry...*
2. Verbally Recognizes & Accepts Behavior Only (tracking, giving credit): *You got it that time., Your hitting the..., You really stabbed...*
3. Social or NQ Conversation: *Mothers aren't very good at that. These are nice toys.*
4. Slight to Moderate Verbal Criticism: *No, not that way. You'll have to be more careful. That's cheating. You'll ruin the paints.*
5. Strongly Critical / Preaching / Rejecting: *You see, I told you to do it the other way, It's not nice to feel/say..., How stupid! You're being nasty.*

Allowing the Child Self-Direction: behavioral willingness to follow the child's lead (rather than control the child's behavior).

1. Follows the Child's Lead (no verbal comment necessary): *You'd like me to..., I'm supposed to..., Show me what you want me..., (whisper tech.)*
2. Allows Child Option for Lead-Taking but asks / volunteers info: gives praise: *What shall we do? "Good", You can shoot this. You did it right.*
3. Adult Takes Lead (teaching child how to do): *Are you sure that's how..., See if you can do..., Take your time and aim, It might work better...*
4. Directs or Instructs Child (initiates new activity): *Put the doll away first. Why don't you..., Let's play..., Don't put the...*
5. Persuades, Demands, Interrupts, Interferes, Insists: *No, take this one, That's enough, I told you not to..., You've got to...*

Involvement adult's attention to and participation in the child's activity (may not always contribute in a positive way)

1. Fully Observant (more attention to child than to objects being used): *involved verbally and with "eyes" (& physically when invited by child)*
2. High Level of Attention (attention to activity rather than child): *when adult more involved in game than attending to child's reactions/ behaviors*
3. Marginal Attention: *no joint activity, adult involved in own activity to degree that it interferes with attentiveness occasionally comments on child's activity*
4. Partially Withdraw / Preoccupied: *infrequently observes, but doesn't comment, fails to attends to child's needs but responds when asked by child.*
5. Self-involved / Shut Off: *child ignored for prolonged period, child must repeat or prompt to get a response.*

DIRECTIONS FOR SCORING: A rating is made every 3 minute interval for 6 intervals (scoring is retrospective) (Highest score = 1; Lowest score = 5)

<u>Communication of Acceptance</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Total</u>	<u>Score / Avg Total</u>
Score Highest Level								
Score Lowest Level								
Comments:								

<u>Allowing Self Direction</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Total</u>	<u>Score / Total</u>
Score Lowest Level								
Comments:								

<u>Involvement</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Total</u>	<u>Score / Total</u>
Score Lowest Level								
Comments:								

<u>Empathy Score</u>	<u>1</u>	<u>2</u>	<u>3</u>	<u>4</u>	<u>5</u>	<u>6</u>	<u>Total</u>	<u>Grand Total:</u>

[This form was adapted by Bratton (1993) from Stover, B. Guernsey, and O'Connell (1971)]